

# YMCA OF MIDDLETOWN FIRST STEP PRESCHOOL REGISTRATION

Please PRINT, unless otherwise noted.

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Email Address \_\_\_\_\_ Child resides with \_\_\_\_\_

## PROGRAM REGISTRATION INFORMATION

Child must be designated age by December 1<sup>st</sup>

### 3 YEAR OLD PROGRAM

**Tues/Thurs M/W/F Mon-Fri**  
*(Please circle your choice of days and times)*

9:00-11:30 AM

9:00-2:45 FULL DAY

6:45-9:00 AM EXT.

2:45-6:00 PM EXT.

6:00-6:30 PM EXT.

### 4 YEAR OLD PROGRAM

**Tues/Thurs M/W/F Mon-Fri**  
*(Please circle your choice of days and times)*

9:00-11:30 AM

12:15-2:45 PM

9:00-2:45 FULL DAY

6:45-9:00 AM EXT.

2:45-6:00 PM EXT.

6:00-6:30 PM EXT.

I hereby enroll my child in the above YMCA of Middletown program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and its representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. ***I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media.*** I also give the YMCA of Middletown permission to transport my child when necessary (where applicable).

Name of Parent/Guardian (please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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: ( ) - <input type="checkbox"/> ok to text		Address of Person Enrolling Child (if different than child):		
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
<i>For Program Use Only</i> Date of Enrollment: / /			<i>For Program Use Only</i> Date of Disenrollment: / /	

Child's Full Name:		Date of Birth: / /
<b>Check boxes below to indicate if your child has any special needs/services:</b> <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 <b>AND</b> 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: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a>		
<b>AGREEMENTS</b>		
• 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: / /



**AUTOMATIC MONTHLY DRAFT AUTHORIZATION FORM**

The Preschool registration fee is \$85.00 (per family) for the 2019-2020 school year. If you opt to have your Preschool payments drafted from your checking, savings, or credit card account, the registration fee will be reduced to \$35.00. If you sign up for the draft program and change your payment protocol later in the school year, you will have to pay the additional \$50.00 to cover the registration fee. To sign up for the draft, we will need a few things from you in order to process your child's account.

**If you choose to have your payment automatically deducted from your account, please hand this form in at time of registration.**

**A fee of \$25.00 will be charged for any returned draft. At no time can this fee be waived.**

**Signing below validates that I give permission for the YMCA of Middletown to draft my child's Preschool monthly payment out of the account I've designated below. I understand that my monthly draft will typically occur on the 1<sup>st</sup> of each month and if my 1<sup>st</sup> of the month draft is returned, it will be redrafted on the 7<sup>th</sup> of the month or the next business day should the 7<sup>th</sup> occur on the weekend. I understand that the YMCA will also redraft any EFT payments on the day after they are returned, unless the day is a weekend, in which case the Y will draft the next business day. I also understand that all 2<sup>nd</sup> drafts will also include a \$25.00 return fee.**

**Billing Party First & Last Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Billing Party Signature** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **School** \_\_\_\_\_

**My child will be attending:** \_\_\_\_\_ **days** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **AM Ext.** \_\_\_\_\_ **PM Ext.**

I understand the YMCA of Middletown will automatically be withdrawing the \$35 registration fee out of the account listed below. If at the time of registration, my registration fee is not processed, it will be withdrawn prior to, or on the 1<sup>st</sup> of the upcoming month. I give permission to have \$\_\_\_\_\_ drafted on the 1<sup>st</sup> of each month and on the 7<sup>th</sup> of the month if my 1<sup>st</sup> of the month draft is returned for the above named child from the following account:

\_\_\_\_\_ **CREDIT/DEBIT CARD ACCOUNT** Please make sure your card will not expire prior to the end of the school year. If that should occur or if your credit card on file has been compromised, you must notify us of any changes to your card in time to enable us to make the change prior to our draft date of the 1<sup>st</sup>. Please circle one.

**VISA      AMERICAN EXPRESS      MASTER CARD      DISCOVER**

\_\_\_\_\_ **Credit/Debit card number** \_\_\_\_\_ **Expiration date** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_

\_\_\_\_\_ **CHECKING ACCOUNT** I have enclosed a copy of a voided check from my checking account.

I also give permission to the YMCA to draft an additional \$1.00 per month that will go directly to our Strong Kid's Campaign, which helps scholarship families in need for camp, Preschool, Club Kid, and family membership. \_\_\_\_\_ (if yes, please initial)

**YMCA OF MIDDLETOWN  
FIRST STEP PRESCHOOL PAYMENT AGREEMENT**

Taking the yearlong cost for the program, and dividing that amount into ten equal monthly payments determine the monthly fee for Preschool. The monthly fee is the same, regardless of the number of Preschool days that are provided each month, (i.e. the number of days that school is open that month). If your child begins the program before the 15<sup>th</sup> of the month, you are responsible for paying the full monthly fee. If your child begins our program the 15<sup>th</sup> of the month or after, you are responsible for paying half of that month's fee.

Monthly Payments for Preschool are due on the first of the month. If payment is not made by the 1<sup>st</sup> of the month a \$ 20.00 fee is added to the amount due. If payment is still outstanding on the 10<sup>th</sup> of the month, your child will not be permitted to utilize the program until payment is made. Should a check or monthly draft payment be returned to the YMCA, there will be a \$25.00 fee and you may be required to make that payment and all future payments at the branch in cash or Money Order on the first of each month.

If at any given time you need to modify your child's enrollment, your account will be charged a \$10.00 fee that is due at time of change. This includes the modification of the number of days or temporarily cancelling Preschool for any period of time. **All requests must be in writing and submitted 15 days prior to the 1<sup>st</sup> of the month and you must provide us with a Preschool Change Form. Please note that we will not prorate December or the month for which children do not attend due to Spring Recess.**

**The PRESCHOOL REFUND POLICY IS AS FOLLOWS:**

The Registration fee is NON-REFUNDABLE. Any refund request for monthly payment must be provided to us prior to the 5<sup>th</sup> of the month for you to receive any kind of refund. Any change/cancellation after the 5<sup>th</sup> of the month indicates you will not be entitled to any compensation. **The maximum refund amount to ever be issued will reflect half a month.** You must contact the Billing Coordinator by calling (845) 395 1004. They will provide you with the appropriate form. A refund in the form of a check will be issued within 4 weeks after verification of attendance and clearing of payment (if applicable).

Any outstanding balances and June's payment must be made by no later than June 1<sup>st</sup>. Failure to do so will automatically put your child's participation in class along with graduation or Stepping Up at risk. Unfortunately we cannot extend payment arrangements into June.

The YMCA understands that circumstances arise which may require special payment arrangements. If you anticipate that you will be unable to make a timely payment, please discuss this with the Billing Coordinator prior to the payment due date by calling (845) 395 1004. Requests for special late payment arrangements must be put in writing. Please note that payment arrangements will be extended on a case-by-case basis, and may not be approved.

The parent who enrolled his/her child in the program is responsible for seeing that payment is made to the YMCA. The YMCA will not become involved in collecting fees from non-custodial parents or others and cannot allow delays in payments due to delays in child support or other funding.

The YMCA does offer financial assistance to families through the ACCESS program. You may apply for financial assistance at any time during the year. If you apply mid-year, your payments must be made up to date and on time for you to be eligible to apply for ACCESS. All copies of the requested documentation must be submitted. Failure to supply requested documentation will delay determination. Please allow at least 4 weeks to process your application. **No child will be admitted to Preschool with the understanding that financial assistance is pending, unless all payments are current. Please note that no scholarship will be retroactive.** There is no scholarship available for the registration fee.

I have read, understand, and agree to the Payment Agreement as outlined above.

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

CHILD(REN)'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_