YWCA Preschool
2019-2020 School Year
Registration & Fees Information

The Child Care Center is open year round 7:30am – 5:30pm Monday through Friday

The attached application packet contains registration information for the 2019-2020 school year. Please complete one registration form for each student. Please return the registration form and the Parent Handbook Sign-Off sheet along with a $55.00 no-refundable enrollment fee (for non UPK students and Wrap Around) to the YWCA, 211 Lake Street, Elmira, NY 14901. You can also pay your enrollment fee on line at www.ywcaelmira.org.

As a community partner, the YWCA offers FREE Universal Pre-K to students enrolled through the Elmira City School District. Universal Pre-K hours are 8:30am – 2:30pm and registration must be completed through the Elmira City School District. In conjunction with FREE UPK students can be enrolled in the wraparound care offered by the YWCA Child Care Center.

WrapAround Care Fees - Universal PreK students

- Full time – 4/5 days per week/before and after school: $57.50 week
- Part time - 3 days per week/before and after school: $42.50 per week
- Per Day before/after school care: $17.00 per day
- Full days for school closure: $36.00 per day

These rates apply to all UPK students who arrive before 8:15am or remain after 2:45 pm

The YWCA Preschool follows the Common Core Curriculum standards for PreK for all students regardless of age. Preschool is open to 3-5 yr. olds and supervised by a Director with a Master Degree in Early Childhood Education. Staffing ratios are based on NYS regulations and all center staff have fingerprint and state central register clearance.

YWCA Preschool Fees – Non Universal PreK students

- Full time – 4/5 days per week/all day care: $176.00 per week
- Part time - 3 days per week /all day care: $106.00 per week
  - Per day all day care: $36.00 per day
  - Per day half day care: $25.00 per day

These rates apply to all students not registered through the Elmira City School District

Payment Options: For your convenience, also included in this packet is an Authorization Agreement form for Direct Debits and a Credit Card Authorization Form. If you choose to use these payment options, please return the form with your child’s registration. You may also pay by check, cash, and online via the parent portal. We gladly accept child care subsidy payments for eligible families. Payment are due weekly by Friday. Please refer to the Parent Handbook for further questions regarding payments. Registration is on a first-come first-served basis, to guarantee enrollment please return all forms with your registration fee as soon as possible.
Welcome to the YWCA Child Care Center! We are excited you have decided to enroll your child in our program and look forward to the opportunity to get to know them and your family.

An important aspect of the YWCA Child Care Center is our commitment to providing quality, affordable child care in an environment that is family oriented and individually focused. We follow the Common Core Curriculum and at the same time allow your child the opportunity to learn and grow through activities and experiences unique to the YWCA and our location in downtown Elmira. Children have daily physical activity in the onsite PreK playground, the YWCA gymnasium or the indoor pool, and activities and field trips unique to our location such as attending performances at the Clemens Center, borrowing from the Bookmobile, or visiting the Steele Memorial Library.

As a New York State licensed child care facility, we are required to obtain certain documents for your child in addition to those you may have completed with ECSD. Please fill out the attached enrollment forms and return the completed packet to the YWCA front desk. Enclosed is the Parent Handbook that is your resource for the policies of the Child Care Center; we encourage you to ask questions so that you are familiar and comfortable with our program.

On your child’s first day please bring the following items to be kept in your child’s locker as needed:

- One extra set of clothing – pants, shirt, underwear, and socks
- One small blanket, pillow, crib sheet, and stuffed animal for rest time. These should be taken home on Fridays to be washed and returned on Mondays.
- Outwear for the season- hat, gloves, scarf, boots, snow pants, sunscreen

Lunch and snacks are provided by the Child Care Center but please send any special dietary items and/or discuss special needs with the Director to ensure your child’s safety.

We look forward to watching your child grow, learn, and achieve as part of the YWCA family!

Michele L. Johnson
YWCA CEO ☺
michelej@ywcaelmira.org
607-733-5575
## Day Care Registration Form

### Photo of Child
(Optional)

- **Child's Full Name:**
- **Does your child have any allergies?**
  - [ ] Yes
  - [ ] No
  - **If Yes, what is your child allergic to?**

### Child's Source of Medical Care/Primary Care Physician's Name:
- **Telephone Number:**

### Child's Source of Dental Care/Dentist's Name:
- **Telephone Number:**

### Name Of Medical Care Facility/Hospital:
- **Telephone Number:**

### Would you like information on Child Health Plus?  
- [ ] Yes
- [ ] No

### Relationship | Contact Name | Telephone Number During Child Care | Other Telephone Number (Check type)
---|---|---|---
[ ] Pager | [ ] Cell | [ ] Other
[ ] Pager | [ ] Cell | [ ] Other
[ ] Pager | [ ] Cell | [ ] Other
[ ] Pager | [ ] Cell | [ ] Other

### Child's Full Name:
- **Sex:** [ ] Male
- **Date of Birth:**
- **Home Telephone Number:**

### Date of Acceptance:
- **Date of Discharge:**

### Name of Person Applying for Child:
- [ ] Parent
- [ ] Guardian
- [ ] Caretaker
- [ ] Relative
- [ ] Other

### Address of Person Listed Above (if different from child's):

### Agreements
- I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.
- I give consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the facility under proper supervision.  
  - [ ] Yes
  - [ ] No
- In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child.  
  - [ ] Yes
  - [ ] No
- I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.  
  - [ ] Yes
  - [ ] No
- I agree to review and update this information whenever a change occurs and at least once every six months.  
  - [ ] Yes
  - [ ] No

**Signature:**

**Parent or Person(s) Legally Responsible:**

**Date:**
YWCA Preschool
Enrollment Agreement

This agreement is between the YWCA of Elmira and the Twin Tiers and the parent(s) or legal guardian(s) of the following child:

Name: ___________________________________ Date of Birth: __________________

Parent/Guardian Name: ____________________________________________________

Address: ________________________________________________________________

Home/Cell Phone: ____________________________ ____________________________

Work Phone: _____________________________________________________________

Enrollment Type:

☐ Universal PreK ONLY (8:30am-2:30pm)- FREE

☐ Wrap Around Care for Universal Pre-K (7:30 am - 8:30 am)

☐ Wrap Around Care for Universal Pre-K (2:30pm – 5:30pm)

☐ Wrap Around Care for Universal PreK - School closures

☐ Full Time YWCA Preschool – Days: M T W Th F Hours: ______________

☐ Part Time YWCA Preschool – Days: M T W Th F Hours: ______________

☐ Other: ____________________________

I understand that by enrolling my child in the YWCA Child Care Center I agree to pay the annual enrollment fee of $55 per year (for no UPK students and Wrap Around) and the required weekly amount for my child to attend.

I further understand that I am responsible for bringing this payment to the YWCA at 211 Lake Street, Elmira, NY by every Friday. Payment is required every week to maintain my child's slot regardless of illness or work schedules.

If my child receives child care subsidy, I am responsible for my portion of the fee and will pay it to the YWCA according to the agreement.

If I fail to meet my obligation in paying these fees, my child will be removed from the program.

_____________________________________  _______________________
Parent/Guardian Signature      Date

_____________________________________  _______________________
Parent/Guardian Signature      Date
YWCA Preschool
Family Information Summary

Family Information Sheet

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>Mother</td>
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<td>Home</td>
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Who lives in the household with the child?

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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If there are any special circumstances we should know about your family, please write them on the reverse of this sheet, or speak to the Director.
**YWCA Preschool**

**Pick Up Permission List**

Only those people listed on this sheet will have permission to pick up a child from the center (include yourself). If you need to add or remove someone from the list, please see a staff member. **Please be sure to have photo identification when picking up a child.**

Child’s Name _______________________________________________________

Parent Signature ______________________________________________________________________

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<tr>
<th>Name</th>
<th>Relationship to Child</th>
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YWCA Preschool Subsidy Agreement

- Please note that the subsidy program will cover child care payment if you are working.

- The program will pay for 5 absent days per quarter/3 month period (January-March), (April – June), (July – September), (October – December).

- If your child is absent for more than 5 days, you will be responsible for full payment of those days ($36 per day) and receive a bill from the YWCA.

- Children may be here for the hours that the subsidy program permits, no longer. It states the number of hours on the Certificate for Child Care Services, or you can contact Chemung County Child Care Council at 734-3941.

- Please make sure you understand the policies implemented by the subsidy program. Please see the Child Care Council with questions.

- If you are responsible for a parent fee, you must make payment on of Friday of each week.

I agree to the terms listed above and understand I must complete the verification process to obtain subsidy through the Chemung County Child Care Council. Until I am approved I acknowledge that I will be billed and responsible for charges for services rendered.

__________________________________  __________________________
Parent/Guardian       Date
**YWCA Preschool**

**AUTHORIZATION AGREEMENT**

**AUTOMATIC PAYMENT - Fixed Amount/Date**

Parent: _______________________________  Child: ________________________

Company Name: **YWCA Elmira & the Twin Tiers**  Company ID: **YWCA Daycare Program**

I (we) hereby authorize YWCA Elmira & the Twin Tiers, hereinafter called COMPANY, to initiate debit entries to My (our) [ ] Checking Account/ [ ] Debit/Credit Card (select one) indicated below at the depository financial institution named below, hereafter called BANK. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**ACH:**

Bank Name: ____________________________________________________________

City __________________________ State ____________ Zip ___ ____________

Routing Number ________________________Account Number _____________________

☐ **Option One:** Weekly debit on every Friday for the following week of attendance based on your Enrollment Agreement. Amount Authorized $__________________

☐ **Option Two:** Monthly debit on the 5th of every month for the month of attendance based on your Enrollment Agreement. Amount Authorized for Prepay Option: $__________________

-------------------------------------------------------------------------------------------------

Debit/Credit Card:

Name on Card: ____________________________________________________________

Card#: _________________________________ Expires: __________ CVV: __________

☐ **Option One:** Weekly debit on every Friday for the following week of attendance based on your Enrollment Agreement. Amount Authorized $__________________

☐ **Option Two:** Monthly debit on the 5th of every month for the month of attendance based on your Enrollment Agreement. Amount Authorized for Prepay Option: $__________________

I understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

I understand that a new Authorization Agreement form for Direct Debits must be completed each year.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Name(s) ____________________________________________________________________

Date __________________Signature _____________________________________________
YWCA Preschool
Photo/Media Release

I, ____________________________________________ as parent/guardian of ____________________________________________, GIVE/ DO NOT GIVE permission to the YWCA Child Care Center to use photos or videos of my child on the YWCA website, Facebook page, Twitter account, printed or electronic materials used to promote the preschool and pre-kindergarten programs. I understand that no identifying information will be connected to the photo.

________________________________  __________________________
Parent/Guardian      Date

________________________________  __________________________
Parent/Guardian      Date

This release is revocable in its entirety upon your written request.
I, _________________________________ as parent/guardian of ________________________________, GIVE/ DO NOT GIVE permission to the YWCA Child Care Center staff to take my child swimming in the YWCA pool at 211 Lake Street. I understand that during swimming sessions my child will be required to wear the appropriate safety equipment as determined by a certified life guard. I understand that there will be qualified and certified lifeguards in the pool with my child AT ALL TIMES. I understand that the YWCA Child Care Center staff will be in attendance and visible during the swimming sessions AT ALL TIMES.

Parent/Guardian ________________________________ Date ________________

Parent/Guardian ________________________________ Date ________________

This release is revocable in its entirety upon your written request
Child’s Name ____________________________ Sex _______ Home School ____________________________

Child’s Name ____________________________ Sex _______ Home School ____________________________

Date of Birth __________________________________ Place of Birth: ____________________________

Date of Birth __________________________________ Place of Birth: ____________________________

Insurance Coverage: ______Private_______ Medicaid Phone ____________________________

Insurance Coverage: ______Private_______ Medicaid Phone ____________________________

Or message phone/name

Address __________________________________________________________

Address __________________________________________________________

No. and Street ____________________________ City ____________________________ State ________ Zip

No. and Street ____________________________ City ____________________________ State ________ Zip

Parents:  Father Mother

Name: Mr. ____________________________ age _______ Mrs./Ms. ____________________________ age _______

Name: Mr. ____________________________ age _______ Mrs./Ms. ____________________________ age _______

Occupation __________________________________________________________

Occupation __________________________________________________________

Place of Employment _______________________________________________________

Place of Employment _______________________________________________________

Yrs. of Education Completed ____________________________

Yrs. of Education Completed ____________________________

Receiving other services? ____No _____Yes Receiving other medical care? _______No _____Yes

Receiving other services? ____No _____Yes Receiving other medical care? _______No _____Yes

____Speech ____OT ____PT __Counseling Eye or ear specialist ____________________________

____Speech ____OT ____PT __Counseling Eye or ear specialist ____________________________

Dentist ____________________________ Other ____________________________

Dentist ____________________________ Other ____________________________

1) I give my permission to David Andreine, Director of C.I.D.S. to have my child, ____________________________ screened in speech, vision, hearing and development.

1) I give my permission to David Andreine, Director of C.I.D.S. to have my child, ____________________________ screened in speech, vision, hearing and development.

child’s name ____________________________ parent signature ____________________________ date ____________________________

child’s name ____________________________ parent signature ____________________________ date ____________________________

2) I give my permission to David Andreine, Director of C.I.D.S. to exchange information concerning, ____________________________ with ____________________________ ______

2) I give my permission to David Andreine, Director of C.I.D.S. to exchange information concerning, ____________________________ with ____________________________ ______

child’s name ____________________________ physician’s name ____________________________

child’s name ____________________________ physician’s name ____________________________

parent signature ____________________________ date ____________________________

parent signature ____________________________ date ____________________________

3) I give my permission to David Andreine, Director of C.I.D.S. to exchange information concerning ____________________________ with ______ YWCA Child Care Center and the ECSD.

3) I give my permission to David Andreine, Director of C.I.D.S. to exchange information concerning ____________________________ with ______ YWCA Child Care Center and the ECSD.

child’s name ____________________________ parent signature ____________________________ date ____________________________

child’s name ____________________________ parent signature ____________________________ date ____________________________
Sleeping/Napping Agreement

Sleeping and napping arrangements must be made in writing between the parent and the child care provider. The provider shall maintain this completed agreement on file in the child care home. This arrangement is required by New York State Child Day Care Regulations (Family Day Care 417.7(i) and 417.8(a)(1), and Group Family Day Care 416.7(i) and 416.8(a)(1)).

I, (parent name) ________________________________, understand that my child, ________________________________, while under the care of YWCA Elmira & the Twin Tiers will be napping on a (bed/cot/mat/chair) in the Child Care Center.

My napping child will have direct supervision at all times by a caregiver who is in the same room and has direct visual contact with him/her. The doors to all rooms where children are napping must remain open, as well as the doors to all rooms used by the provider.

________________________________  __________________________
Parent/Guardian (Print & Sign)             Date

________________________________  __________________________
Child Care Provider (Print & Sign)        Date
YWCA Preschool
Return Paperwork Checklist

☐ NYS Registration Form
☐ YWCA Enrollment Agreement
☐ NYS Medical Statement of Child in Childcare (or your physician’s equivalent form)
☐ Family Information Summary
☐ Pick Up Permission List
☐ YWCA Subsidy Agreement (if applicable)
☐ Automatic Payment Authorization (if applicable)
☐ YWCA Photo/Media Release
☐ YWCA Swimming Release
☐ CIDS Screening Permission
☐ Sleeping and Napping Agreement
☐ Receipt of Parent Handbook

Please be sure to ask us for a copy of this paperwork for your records if desired