



# PARTIAL DAY PRESCHOOL

Serving Children 2-5 Years Old



**LEARN  
TOGETHER,  
PLAY  
TOGETHER**

**FULTON FAMILY YMCA  
715 W. BROADWAY  
Fulton, NY 13069**

Lynnet Lamb  
[llamb@fultonfamilyymca.org](mailto:llamb@fultonfamilyymca.org)  
(315) 598-9622

# Preschool Billing and Payment Information

**Please complete one registration form per child.** Applications will not be processed without a completed and signed registration form and a one-time \$30.00 registration fee (waived for Fulton Family YMCA Family Members). **ALL REGISTRATION FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

## BILLING PARTY INFORMATION

Billing Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## FEE SCHEDULE

Our YMCA Preschool program starts on Monday, September 10, 2018 and runs through Thursday, June 13, 2019. Payments are due by the 15<sup>th</sup> of the month. Our fee is based on total days in the program divided equally into 10 monthly payments. The rate does not change during vacation months.

### Select Payment Option:

Bank Draft Addition

I hereby authorize the Fulton Family YMCA to debit the account listed below for Monthly billing. The Bank Draft option is the preferred billing method. Simply provide a credit or debit card and tuition will be automatically paid on the 15th of each month.

In addition, I do authorize the Fulton Family YMCA to charge the account listed below for all Late Fees, Late Pick up Fees and Administrative Fees.

One Time Payment Only

I hereby authorize the Fulton Family YMCA to debit the account listed below for my one time payment for my new registration. Your payment information will not be kept on file.

### Select Payment Form:

MasterCard  Visa  Discover  American Express

Account Holder's Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_ CVC \_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### OR

I will pay monthly by check



## PARENT/GUARDIAN BILLING AGREEMENT

### PARENT/GUARDIAN BILLING AGREEMENT

I understand:

- My child is enrolled in the Fulton Family YMCA preschool as indicated by my enclosed non-refundable deposit.
- Payments are due by the 15<sup>th</sup> of the month. Payments not received as scheduled are subject to a \$10 late fee.
- Payments not received on time may result in my child's suspension from the program until the payment is received.
- A \$1.00/minute/child late fee will be assessed if I pick up my child after the program end time.
- **We require a filled out withdrawal form if you withdraw your child from the program. If it is received after the 5<sup>th</sup> of the month, payment of that month is required. Withdrawal forms can be picked up at the front desk.**

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

## CHILD INFORMATION

Child Name: \_\_\_\_\_ Gender:  M  F YMCA Member:  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* child must turn age by December 1, 2018 to qualify for the program you are choosing Age: \_\_\_\_\_ Program Start  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 How did you learn about the program?  In branch  YMCA web site  Internet search  E-mail  Event  School  Word of mouth  Other \_\_\_\_\_

### PARENT/GUARDIAN 1 INFORMATION

Relation to Child: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### PARENT/GUARDIAN 2 INFORMATION

Relation to Child: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Child lives with: (please check)  Parent/Guardian 1 and Parent/Guardian 2  Parent/Guardian 1  Parent/Guardian 2  
 \*Parents listed are authorized to pick up child. Court documents must be provided if a parent is not authorized to pick up.

## EMERGENCY CONTACTS/AUTHORIZED PICK UP

**\*Must list emergency contacts in addition to parent/guardian. Contacts listed are authorized to pick up child. Please indicate if phone number is a home, work, or cell number.**

Name: _____	Relationship: _____	Phone: _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	Phone: _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
Name: _____	Relationship: _____	Phone: _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	Phone: _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
Name: _____	Relationship: _____	Phone: _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	Phone: _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
Name: _____	Relationship: _____	Phone: _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	Phone: _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C

## HEALTH INFORMATION

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician's Address: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Other health concerns or special needs: \_\_\_\_\_

\*Please provide immunization records for your child by September 18, 2018.

### CHILD PROFILE

The following information will help us to better understand your child and his/her needs.

Is child potty trained? \_\_\_\_\_  
 Family relationships: \_\_\_\_\_  
 How does the child interact with peers? \_\_\_\_\_  
 Fears/Apprehensions: \_\_\_\_\_  
 What helps your child handle transitions? \_\_\_\_\_  
 Special services received: \_\_\_\_\_  
 External stress factors: \_\_\_\_\_  
 How is anger or frustration expressed? \_\_\_\_\_  
 Child's interests: \_\_\_\_\_  
 If he/she is upset, try this: \_\_\_\_\_  
 Things I would like my child to accomplish at the YMCA: \_\_\_\_\_

### SIBLING INFORMATION

Name	Age	DOB	Currently Enrolled in YMCA Programs?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Preschool Registration and Permissions September 2018-June 2019

Registration is as easy as...

**1** Select Age Group

**2** Choose Program Days and Times

**3** Choose Monthly Payment

**4** Include Completed Immunization Records

SELECT AGE GROUP*	CHOOSE DAYS AND TIMES	CHOOSE MONTHLY PRICING	
<input type="checkbox"/> TWO YEAR OLDS	<input type="checkbox"/> Tues./Thurs. 9:30am-11:30am	<input type="checkbox"/> Fulton YMCA Family Member \$70	<input type="checkbox"/> Non Member \$80
<input type="checkbox"/> 3 YEAR OLDS	<input type="checkbox"/> Mon./Wed./Fri. 9:15am-11:45am	<input type="checkbox"/> Fulton YMCA Family Member \$117	<input type="checkbox"/> Non Member \$127
	<input type="checkbox"/> Tues./Thurs. 9:15am-11:45am	<input type="checkbox"/> Fulton YMCA Family Member \$83	<input type="checkbox"/> Non Member \$93
<input type="checkbox"/> 3 ½ - 4 ½ YEAR OLDS	<input type="checkbox"/> Monday-Friday 9:15am-11:45am	<input type="checkbox"/> Fulton YMCA Family Member \$170	<input type="checkbox"/> Non Member \$180

\*Child must turn age by December 1, 2018 to qualify for age group. Children must be potty trained to attend (does not include the two's program). For specific questions about these programs, please call Lynnet Lamb at 315.598.9622. Financial assistance is available for those who qualify.

## PARENT/GUARDIAN AGREEMENT AND PERMISSIONS

I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding the services provided by the facility and Fulton Family YMCA.

- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program. I am responsible for signing my child in and out of the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery.
- The YMCA provides liability insurance for all of its programs. I understand that I must provide my own accident insurance. In the event of an 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 form) necessary for the proper health & well-being of my child.
- I have provided information on my child's needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist in properly caring for my child in case of an emergency.
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- It is my responsibility to arrange for my child to be picked up from the program. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I give permission for my child to be photographed or videotaped and to have those photos used in program and/or in YMCA approved materials and social media. I will not be informed or reimbursed for such photographs.
- I give permission for my child to have YMCA staff apply home-supplied topical items such as lip balm, sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items.
- I give permission for my child to participate in walks within the surrounding area accompanied by designated staff members.
- I give permission for my child to participate in water activities and/or swim lessons under the direct supervision of YMCA staff.
- I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvement and also to make sure each child is within typical developmental boundaries, if appropriate for particular programs.
- The information on this form is complete and accurate. I agree to review and notify the YMCA staff immediately whenever a change occurs.
- I understand that if decide to pull my child from the program that I must fill out a withdrawal form. If withdrawal form is received after the 5<sup>th</sup> of the month, I am responsible for that month's tuition.

**A \$10.00 late fee will be added if monthly payment is not received by the 15<sup>th</sup> of each month.**

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Please list any exceptions to the above: