Oneonta Family YMCA Jumpstart Academic Preschool Programs Registration Packet 2026-2027

Choose from the options below.

1. Complete in full all the following information.
2. Submit child's current physical and immunization record.
3. Registration fee paid.

There is a $50registration fee due at time of enrollment. There is no refund on missed days/ weeks due to vacation or illness. Children ages 3-5 or children who have not yet attended kindergarten may attend. Children must be toilet trained to attend. Partial week (Mon/Wed/Fri) or (Tues/Thur) schedule can be discussed with the director.

<table>
<tr>
<td rowspan="2">Half-day Program
7:30am11:30am
Monday-Friday
$190/ week

3 year old_____

4 year old_____</td>
<td rowspan="2">Half-day Program
1:00pm-5:00pm
Monday-Friday
$190/week

3 year old_____

4 year old_____</td>
<td colspan="2">Full- Day Program
3 and 4 year olds
7:30am-5:00pm</td>
<td rowspan="2">Universal Pre-K
Oneonta city residents
Eligible 4 year olds

UPK Grant
AM_____
9:00am -11:30am

Preference given to families who need half day or full day care.</td>
<td rowspan="2">New Option

8:00am-3:30pm
Monday-Friday
$260/week

3 year old_____

4 year old_____</td>
</tr>
<tr>
<td>Early Learners
3 year olds
Mon-Fri

$287/ week</td>
<td>Jumpstart
4 year olds
(circle one)

$287/ full week</td>
</tr>
</table>

Billing Name 1: _____

Home Phone: _____ Cell Phone: _____ Carrier: _____

Address: _____

Employer: _____ Work Phone: _____

E-mail Address: _____ Best Contact: ☐ Cell ☐ E-mail ☐ Home Phone

Billing Name 2: _____

Home Phone: _____ Cell Phone: _____ Carrier: _____

Address: _____

Employer: _____ Work Phone: _____

E-mail Address: _____ Best Contact: ☐ Cell ☐ E-mail ☐ Home Phone

☐ AUTODRAFT FROM CHECKING (Select Frequency) ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ACCOUNT NO. _____

FULL NAME OF BANK _____ ROUTING NO. _____

☐ AUTOPAYMENT FROM CREDIT/ DEBIT (Select Frequency) ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY

NAME OF BANK/ CREDIT CARD COMPANY _____ CARD NO. _____

EXPIRATION DATE: _____ CVC Code: _____

☐ CHECK (All checks made payable to Oneonta Family YMCA and are by EFT) ☐ CASH (At the YMCA Front Desk ONLY)

☐ DSS CHILDCARE SUBSIDY: ☐ NEW APPLICATION (responsible for payments until approval letter is received)
☐ CURRENT CASE (attach Cost of Care form)

- You are responsible for any unpaid balance after childcare subsidy is applied in addition to your DSS assigned Family Fee.
- It is recommended that Family fees be paid at the beginning of each week.
- DSS funds are received on a monthly basis. You will be billed at the end of the month following attendance submittal.
- Unpaid balances (not covered by DSS) are due within 10 days of billing.

I understand:

- Registration is not complete (and therefore not assured) until all forms are submitted.
- All payments are due to the YMCA by Friday (or the day indicated above) of the week *prior* to the week of service.
- The Oneonta Family YMCA is not able to bill an individual third party. It is the Primary Billing Party's responsibility to seek payment from parties other than those listed as Primary Billing Parties.
- Delinquent payments may result in suspension of program enrollment.
- Repeated late pick-up will result in a $20 charge payable upon arrival.
- **Fees are not prorated for weeks when there is a holiday or for a child's absence from program.**
- Program fees are subject to change.

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

_____

Primary Billing Party Signature Primary Billing Party Name (please Print) Date

Oneonta Family YMCA Jumpstart Preschool Registration (front and back)

Child's Full Name: _____ Nickname (optional): _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Age: ____ Child's Dominate Language: _____

Address: _____

How did you learn about the program? ☐YMCA Website ☐YMCA Facebook Page ☐Current Participant ☐Other: _____

Relation to Child: _____

First Name: _____

Last Name: _____

Occupation: _____

Date of Birth: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Cell Ph: _____ Carrier: _____

Home Ph: _____ Work Ph: _____

Email: _____

Relation to Child: _____

First Name: _____

Last Name: _____

Occupation: _____

Date of Birth: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Cell Ph: _____ Carrier: _____

Home Ph: _____ Work Ph: _____

Email: _____

Child Lives with (please check): ☐Parent/ Guardian and Parent/ Guardian 2 ☐Parent/ Guardian 1 ☐Parent/ Guardian 2

*Parent/ Guardians listed are authorized to pick up child.

*Must list at least one emergency contact in addition to Parent/ Guardian per OCFS Regulations. Contacts listed are authorized to pick up child.

Name: _____ Relationship: _____ Cell Ph: _____

Name: _____ Relationship: _____ Cell Ph: _____

Name: _____ Relationship: _____ Cell Ph: _____

I consent to the enrollment of the child listed above in the YMCA Jumpstart Preschool Programs. I have been advised of all policies and have received and read the YMCA Jumpstart Parent Handbook and, in particular, the following segments: Visitor Policy, Child Abuse and Maltreatment Procedure, HEPA Compliance, Field Trip Policy and Behavior Management Policy. Further, I agree to the following:

I understand that my child must be in academic programs **no later than 30 minutes** after the start of program and that I may drop-off my child **no more than 10 minutes earlier** than the start of morning or afternoon academic programs. I must notify YMCA staff if my child will be absent from program.

The YMCA Staff assumes responsibility for my child's well-being during the program hours in which my child attends. This includes situations of extreme medical emergency when Emergency Medical Services may be called. Further, I am responsible for the cost of all medical treatment and care.

I understand that YMCA staff are not allowed to transport my child in his or her personal vehicle and are not allowed to babysit my child outside of scheduled enrollment hours.

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

_____

Parent/ Guardian Signature Parent/ Guardian Name (please Print) Date

YMCA Jumpstart Preschool Child Profile and Permissions (front and back)

Child's Full Name: _____ Date of Birth _____/_____/_____

Is your child capable of independent toileting (able to manipulate clothing, clean themselves, flush, and wash hands)?	No	Yes
Is your child able to successfully participate in a program with the following ratios: 1:7 (3 year olds) / 1:8 (4 year olds)?	No	Yes
Does your child require special equipment? (**Child With Special Health Care Needs** form required)	Yes	No
Will your child receive Special Education Services at school? (**Child With Special Health Care Needs** form required)	Yes	No
Has your child had an injury or ongoing illness in the past year we should know about?	Yes	No
Is your child allergic to bee stings? (**Child With Special Health Care Needs** form required)	Yes	No
Is your child allergic to any foods? (**Child With Special Health Care Needs** form required)	Yes	No
Is your child allergic to any medications? (**Child With Special Health Care Needs** form required)	Yes	No
Does your child have any other allergies (seasonal, etc.)? (**Child With Special Health Care Needs** form required)	Yes	No
Does your child have asthma? (**Child With Special Health Care Needs** form required)	Yes	No
Does your child require medication during program hours? (**Medication Consent** form required)	Yes	No
Are there Custody Orders that are pertinent to your child? (Please attach)	Yes	No

How would you describe your child's disposition (shy, aggressive, imaginative, etc.)? _____

How well does your child interact with other children? _____

How does your child express anger or frustration? _____

Does your child have any fears or apprehensions? _____

What helps your child handle transitions? _____

Previous Early Childhood Programs and why he/ she left? _____

Sibling:_____ Age: _____ School: _____

Sibling:_____ Age: _____ School: _____

Sibling:_____ Age: _____ School: _____

Sibling:_____ Age: _____ School: _____

Please initial each of the following permissions:

- I give the Oneonta YMCA permission to use, for purposes of promotion of YMCA Preschool Programs, photographs and video footage of my child. I understand that my child will not be identified and may include newspaper, YMCA Lobby Screen, YMCA Social Media Pages, YMCA Website, and YMCA promotional flyers and brochures. _____
- My child has permission to participate in YMCA Swim Lessons during Oneonta YMCA Preschool Programs. I understand that there will be two staff in the pool and additional staff on the pool deck. _____
- I give permission for my child to play in both the indoor and outdoor play areas located at the Jumpstart Preschool building and to take walking field trips during Oneonta YMCA Preschool Programs under the supervision of YMCA Preschool staff. _____
- If my child is enrolled in Extended Care that includes the Nap/ Rest hour, I understand that under OCFS Regulations, children will be offered an opportunity to rest each day for 20-30 minutes and that napping and non-napping children will be supervised by staff in the same ratio of staff to children as designated in the NYS OCFS regulations. Parents who would like us to encourage their child to nap may discuss their preference with the teachers or director. _____
- I give permission for the Oneonta Family YMCA to apply Sunscreen, Bug Repellent, and other over the counter topical ointments as needed when supplied by me in the original packaging and labeled with my child's full name and date of birth. _____

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

_____

Parent/ Guardian Signature Parent/ Guardian Name (please Print) Date