



# BUILDING STRONG, BRIGHT FUTURES

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## ONEONTA FAMILY YMCA JUMPSTART: SUMMER PRE-SCHOOL PROGRAM

### Registration Packet 2025

- Please choose from the weeks listed below.
- Complete all required information in full.
- Submit the child's current physical and immunization records.
- Additionally, ensure that the registration fee has been paid.

There is a \$50 registration fee for any families not enrolled in the previous academic year. A \$25 registration fee will be applied if you were enrolled the previous academic year. A \$25 change fee will be applied for any changes in weeks after July 1st. There is no refund on missed days. Children ages 3-5 or children who have not yet attended kindergarten may attend. Children must be toilet trained to attend. Weekly payments are due the Friday prior to care. Families may choose to enroll on a week by week basis if space permits. The program will not run unless there are 10 families enrolled for that week.

**Half Day Program**  
7:30am-11:30am  
Monday - Friday  
\$170/week

3 Year Old: \_\_\_\_\_

4 Year Old: \_\_\_\_\_

5 Year Old: \_\_\_\_\_

**Full Day Program**  
7:30am-4:30pm  
Monday - Friday  
\$260/week

3 Year Old: \_\_\_\_\_

4 Year Old: \_\_\_\_\_

5 Year Old: \_\_\_\_\_

Week 1 (July 7<sup>th</sup> - July 11<sup>th</sup>): \_\_\_\_\_

Week 2: (July 14<sup>th</sup> - July 18<sup>th</sup>): \_\_\_\_\_

Week 3: (July 21<sup>st</sup> - July 25<sup>th</sup>): \_\_\_\_\_

Week 4: (July 28<sup>th</sup> - Aug 1<sup>st</sup>): \_\_\_\_\_

Week 5: (Aug 4<sup>th</sup> - Aug 8<sup>th</sup>): \_\_\_\_\_

Week 6: (Aug 11<sup>th</sup> - Aug 15<sup>th</sup>): \_\_\_\_\_

The following enrollment information must be turned in prior to your child's participation in the above program.

Enrollment form \_\_\_\_ Child Profile \_\_\_\_ Blue emergency card \_\_\_\_ Payment plan/information \_\_\_\_ Medical forms \_\_\_\_

# Oneonta Family YMCA Jumpstart Preschool Billing and Payment Information

Billing Name1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Contact:  Cell  E-mail  Home Phone

Billing Name2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Contact:  Cell  E-mail  Home Phone

## BILLING PAYMENT INFORMATION

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: \_\_\_\_\_

## PARENT/GUARDIAN 1 INFORMATION

## PARENT/GUARDIAN 2 INFORMATION

Relation to Child: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Carrier: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Carrier: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

## EMERGENCY CONTACTS

\*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: \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

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.

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## CHILD HEALTH INFORMATION

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

## CHILD PROFILE

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? \_\_\_\_\_

## SIBLINGS

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



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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

I \_\_\_\_\_ give permission for my child \_\_\_\_\_

Age \_\_\_\_\_ to swim at the Oneonta YMCA small pool located at 20-26 Ford Ave. I understand that

the pools greatest depth is 4 foot. My child is permitted to swim there with the Oneonta YMCA

Jumpstart Program between the months of April 2025- August 2025.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date