



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# MAKING SUMMER MEMORIES



## Oneonta Family YMCA Jumpstart Summer Fit n Funtastic Registration Packet

**Registration  
 is easy as...**

**1** Select Age Group and Academic Program(s)

**2** Select Extended Care Package That Fits Your Needs

**3** Complete Enclosed Forms and Submit with current Physical and Immunization Records

<input type="checkbox"/> <b>Early Mornings</b> 7:00am – 7:30am  3 – 5 year olds  \$10/ full week	<input type="checkbox"/> <b>Morning Extended Care</b> 7:30am – 10:00am  3 – 5 year olds  \$35/ full week	<p align="center"><b>Fit n Funtastic Preschool Camp</b>          10:00am – 2:00pm          3 – 5 year olds          \$90/ full week</p> <input type="checkbox"/> Week 1: Monday, July 9 – Friday, July 13 IMAGINATION CREATION STATION! <input type="checkbox"/> Week 2: Monday, July 16 – Friday, July 20 PIRATES AND MERMAIDS! <input type="checkbox"/> Week 3: Monday, July 23 – Friday, July 27 FUNTASTIC ADVENTURES! <input type="checkbox"/> Week 4: Monday, July 30 – Friday, August 3 WHERE THE WILD THINGS LIVE! <input type="checkbox"/> Week 5: Monday, August 6 – Friday, August 10 SCIENCE IN THE WOODS! <input type="checkbox"/> Week 6: Monday, August 13 – Friday, August 17 SUMMER CAMP PARTY!
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PRIMARY BILLING PARTY INFORMATION

Oneonta Family YMCA Jumpstart Preschool Billing and Payment Information

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

BILLING PAYMENT INFORMATION

AUTODRAFT FROM CHECKING (Select Frequency)  WEEKLY  BI-WEEKLY  MONTHLY ACCOUNT NO. \_\_\_\_\_

FULL NAME OF BANK \_\_\_\_\_ ROUTING NO. \_\_\_\_\_

PREFERRED DAY: SUN MON TUE WED THU FRI SAT

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

NAME OF BANK/ CREDIT CARD COMPANY \_\_\_\_\_ CARD NO. \_\_\_\_\_

PREFERRED DAY: SUN MON TUE WED THU FRI SAT EXPIRATION DATE: \_\_\_\_\_

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.

PRIMARY BILLING PARTY BILLING AGREEMENT

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.
- There is a 10% sibling discount which is applied to the oldest child in program.
- 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 INFORMATION

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

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

## 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: \_\_\_\_\_

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 arrive **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 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.
- It is my responsibility to keep all information current, including address, telephone, and emergency contact information.

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

Parent/ Guardian Signature

Parent/ Guardian Name (please Print)

Date

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### CHILD HEALTH INFORMATION

Please complete the following questions, providing explanations where needed. If your child requires medication, has asthma, or has any special needs or services, you will receive additional forms that must be completed prior to your child's attendance.

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

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

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? \_\_\_\_\_

### SIBLINGS

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

### PERMISSIONS AND RELEASES

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 Sessions 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 including Wilber Park, the Oneonta Family YMCA building and the former Center Street School building under the supervision of YMCA Preschool staff. \_\_\_\_\_
- 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