

**YWCA Preschool
2023-2024 School Year
Registration & Fees Information**

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

The attached application packet contains registration information for the 2023-24 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 \$75.00 non-refundable enrollment fee (for non UPK students and Wrap Around) to the YWCA, 211 Lake Street, Elmira, NY 14901.

Non Universal PreK students

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 Certified Teacher/Director with a Degree in Early Childhood Education.

YWCA Preschool Fees – Non Universal PreK students

Full time – 4/5 days per week/all day care:	\$245.00 per week
Part time - 3 days per week /all day care:	\$150.00 per week
Less than 3 days per week all day care:	\$50.00 per day

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

Universal PreK Students –Elmira City School District

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 7:45 am – 2:45 pm 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/ after school:	\$98.75 week
Part time - 3 days per week/ after school:	\$61.25 per week

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, 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!



PHOTO OF CHILD (Optional)

Child's Full Name: _____

Does your child have any allergies? Yes No
 If Yes, what is your child allergic to? _____

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

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

E N R O L L M E N T	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Other
				<input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Other
				<input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Other
				<input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Other

YWCA ELMIRA & THE TWIN TIERS
 211 LAKE STREET
 ELMIRA, NY 14901
 607-733-5575

CHILD'S FULL NAME: _____ SEX: Male D

CHILD'S HOME ADDRESS: _____

DATE OF BIRTH: _____
 HOME TELEPHONE NUMBER: _____

DATE OF ACCEPTANCE: _____ DATE OF DISCHARGE: _____

NAME OF PERSON APPLYING FOR CHILD: _____

Parent Guardian
 Caretaker Relative
 other _____

HOME TELEPHONE NUMBER: _____
 DAYTIME TELEPHONE NUMBER: _____

ADDRESS OF PERSON LISTED ABOVE: (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 (7:45 am-2:45 pm)- FREE**
- Wrap Around Care for Universal Pre-K (2:45 pm – 5:30pm)**
- 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 \$75.00 per year (for non 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 Child Care Center
211 Lake Street
Elmira, New York 14901

**YWCA Preschool
Family Information Summary**

Family Information Sheet

Name	Address	Phone Numbers
Mother		Home Work Cell Email:
Father		Home Work Cell Email:
Other Guardian		Home Work Cell
Other Guardian		Home Work Cell

Who lives in the household with the child?

Name	Age	Relationship

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 Child Care Center
211 Lake Street
Elmira, New York 14901

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 (\$40 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 Child Care Center
211 Lake Street
Elmira, New York 14901

**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 Child Care Center
211 Lake Street
Elmira, New York 14901

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



Comprehensive Interdisciplinary Developmental Services, Inc.

161 Sullivan Street, Elmira, New York 14901-3331

(607) 733-6533 Fax: (607) 733-0939

Child's Name _____ Sex _____ Child's Home School _____

Last First Middle

Date of Birth _____ Place of Birth: _____

Mo. Day Year County State

Insurance Coverage: _____ Private _____ Medicaid Phone _____

Or message phone/name

Address _____

No. and Street City State Zip

Parents: Father Mother

Name: Mr. _____ age _____ Mrs./Ms. _____ age _____

Occupation _____

Place of Employment _____

Yrs. of Education Completed _____

Receiving other services? No Yes

Receiving other medical care? No Yes

Speech OT PT Counseling

Eye or ear specialist _____

Dentist _____

Other _____

1) I give my permission to the Director of C.I.D.S. to have my child, _____ screened in speech, vision, hearing, and development. child's name

2) I give my permission to the Director of C.I.D.S. to exchange information concerning, _____ with _____ child's name physician's name

3) I give my permission to the Director of C.I.D.S. to exchange information concerning _____ with _____ YWCA Child Care Center and the ECSD child's name

Parent/Guardian Signature _____

Date _____



YWCA Child Care Center
211 Lake Street
Elmira, New York 14901

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 understand that my child, _____ under the care of YWCA Child Care Center, will be napping on a (cot/mat) 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/Blue Card
- YWCA Enrollment Agreement
- Current Physical and Immunization Record (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
- CIDS Screening Permission
- Sleeping and Napping Agreement
- Receipt of Parent Handbook