



# BAY VIEW FAMILY YMCA

## FULL-DAY PRE-KINDERGARTEN PROGRAM REGISTRATION FORM

**PLEASE COMPLETE AND TURN INTO THE MEMBERSHIP SERVICE CENTER AT THE BAY VIEW FAMILY YMCA.**

Complete one registration form per child. Please Note: Application will not be processed without a completed and signed registration form, one-time non-refundable registration fee (\$100 per child/\$150 per family), and a non-refundable \$150 deposit.

### CHILD INFORMATION

Child's First & Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Dominant Language: \_\_\_\_\_ Members:  Y  N

### PARENT/GUARDIAN 1 INFORMATION

Relationship to Child: \_\_\_\_\_

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

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

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

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

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

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

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

### PARENT/GUARDIAN 2 INFORMATION

Relationship to Child: \_\_\_\_\_

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

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

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

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

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

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

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

**My child lives with:**  Parents/Guardians 1 & 2  Parent/Guardian 1  Parent/Guardian 2

### PARENT/GUARDIAN AGREEMENT

I consent to the pre-enrollment of the child listed above in this facility. I understand:

- My child is enrolled in the Full-Day Pre-Kindergarten Program at the Bay View Family YMCA as indicated by my enclosed non-refundable registration fee and non-refundable deposit.
- Payments not received as scheduled are subject to a \$25 late fee.
- Payments not received on time may result in my child's suspension from the program until the payment is received.
- The YMCA requires 2 weeks written notice for termination of care. I am responsible for full payment of these 2 weeks of care.
- This YMCA program operates September 3, 2024 through June 24, 2025.

#### MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT OF THE ABOVE

Parent/Guardian 1 Signature

Parent/Guardian 1 Name (Please Print)

Date

Parent/Guardian 1 Signature

Parent/Guardian 1 Name (Please Print)

Date

**BAY VIEW FAMILY YMCA | YMCA OF GREATER ROCHESTER | ROCHESTERYMCA.ORG**

Office Use Only. Received on:

Date:

Time:

Staff:

### ABOUT THE BAY VIEW FAMILY YMCA FULL-DAY PRE-KINDERGARTEN PROGRAM.

- This program will offer 16 spots for children 4-5 years old. Children must be 4 years old by December 1, 2024.
- Weekly cost of \$361.
- Program will run September 3-June 24; 7 am to 6 pm.
  - Program will be closed: Day After Thanksgiving, Christmas Day, New Years Day and Juneteenth.
- Nutritious meals provided for breakfast, lunch and snacks.
- Social-emotional and play-based curriculum aligned with New York State Pre-Kindergarten Standards.
- Classrooms are led by New York State Certified Teachers.
- Teachers, teaching assistants and support staff all go through a rigorous hiring process to ensure all staff meet the qualifications of the YMCA and the Office of Children and Family Services.
- Staff receiving ongoing training to promote professional development that address the education, growth and development of children.
- Instructional Curriculum will follow the the local school district calendar. The center will be open for students on all school vacation days.

