



FULL DAY EARLY CHILDHOOD EDUCATION 2024-2025 REGISTRATION PACKET

Skalny Full Day Child Care Center
YMCA of Greater Rochester
2300 West Jefferson Road, Pittsford, NY 14534

 585-446-2080

CHILD & FAMILY INFORMATION

FULL DAY CHILD CARE



CHILD INFORMATION

I will be enrolling multiple children.

Child Name: _____ Date of Birth: _____ Age: _____ Gender: M F Other

Address: _____ City: _____ State: _____ Zip Code: _____

YMCA Member: Yes No Program Start Date: _____ Child's Dominant Language: _____

How did you learn about the program?

In Branch YMCA Website Internet Search Postcard Event School Friend Current Participant

PARENT/GUARDIAN INFORMATION

Parents listed are authorized to pick up child.

Parent/Guardian #1 Information:

Name: _____ Date of Birth: _____ Relation to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Place of Employment: _____

Cell Phone: _____ Other Phone: _____

Parent/Guardian #2 Information:

Name: _____ Date of Birth: _____ Relation to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Place of Employment: _____

Cell Phone: _____ Other Phone: _____

Child lives with: Parent/Guardian #1 & 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: _____ Relation to Child: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____

HEALTH INFORMATION

Physician's Name: _____ Phone: _____

Insurance Carrier: _____ Policy Holder Name: _____ Policy No.: _____

Dentist Name: _____ Phone: _____

BILLING & PAYMENT INFORMATION

FULL DAY CHILD CARE



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 (\$250 per child/maximum \$300 per family) and first payment. All deposits and registration fees are non-refundable.

BILLING PARTY INFORMATION

Billing Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Other Phone:** _____

Select Payment Option:

- Easy Payment Option (EFT):** I hereby authorize the YMCA of Greater Rochester to debit the account listed below for weekly billing. The Easy Payment Option (EFT) is the preferred billing method. Simply provide a credit, debit card, or checking account and tuition will be automatically paid every Friday for the following week.
- Current Credit/Debit Card** saved on YMCA Account.
- New Credit/Debit Card Payment.** I will work with the Skalny Child Care Center to set up a new secure payment.
- Current Checking account** saved on YMCA Account.
- New Checking Account.** I will work with the Skalny Child Care Center to set up a new secure payment.

Please note: Payments are made through our automated drafting system every Friday for the following week of care. The registration period is September 1–August 31. Credit/Debit Cards and Checking Accounts will be used to set up billing. If you have a current Notice of Decision regarding your child care, it is your responsibility to renew. Please contact the Child Care Office if you need assistance.

PARENT/GUARDIAN BILLING AGREEMENT

I understand:

- My child is enrolled in the Skalny Child Care Center 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.
- A \$1.00/minute late fee will be assessed if you pick up your child after 6:00pm.
- 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 is a continuous program. Paperwork updates happen periodically and program fees can be updated annually.

My signature acknowledges my understanding of and agreement to the above:

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 1 Printed Name: _____

Parent/Guardian 2 Signature: _____ Date: _____

Parent/Guardian 2 Printed Name: _____

REGISTRATION & PERMISSIONS

FULL DAY CHILD CARE



Select Age Group

INFANTS
6 weeks-18 months
\$430

TODDLERS
18-36 months
\$405

PRESCHOOL
3 year olds
\$393

PRE-KINDERGARTEN
4 year olds
\$393

All programs run from 6:30 am-6 pm, Monday-Friday, unless otherwise specified. For specific questions about these programs, please call the child care office.

PERMISSIONS FOR CARE

Please initial at each permission and sign at the bottom.

Photos/Video

I give permission for my child to be photographed or videotaped and to have those photos used in program and/or in YMCA approved materials and social media. The United Way may also use these photos/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs.

Over-the-Counter-Topicals (OTC)

I give permission for my child to have YMCA staff apply home-supplied topical items (or a generic version if it happens to be on hand) such as diaper cream, lip balm, sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items.

Permission for Napping/Resting

I give permission for my child to nap/rest in a crib, on a mat, or on a cot (age appropriate) within the classroom during designated nap time. Infants will be put to sleep on their backs. Children are expected to rest quietly. No child will be forced to sleep or forced to stay awake.

Outside Play/Walks/Field Trips

I give permission for my child to take walks around the grounds with designated staff members and also participate in field trips away from the facility under the direct supervision of YMCA staff.

Swimming

I give permission for my child to participate in water activities and/or swim lessons under the direct supervision of YMCA staff.

Assessments

I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvement and also to make sure each child is within typical boundaries developmentally if appropriate for particular programs.

My signature acknowledges my understanding of and agreement to the above:

Parent/Guardian 1 Signature: Date:

Parent/Guardian 1 Printed Name:

Parent/Guardian 2 Signature: Date:

Parent/Guardian 2 Printed Name:

CHILD PROFILE

The following information will help us to better understand your child and their needs.

Child's Disposition (shy, aggressive, imaginative, etc.)

How well does your child interact with other children?

How is anger or frustration expressed?

Adult Relations

Fears/Apprehensions

What helps your child handle transitions?

Special services received

External stress factors

Previous child care programs and why they left

Allergies

Custody Orders (attach documentation) Yes or No?

Family discipline practices

If he/she is upset, try this

Things I would like my child to accomplish at the YMCA

SIBLING INFORMATION

Name	Age	Date of Birth	Enrolled in Y Programs?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN AGREEMENT

FULL DAY CHILD CARE



I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation, and the services provided by the facility and the Office of Children and Family Service regulations under which it operates.

- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, or order injection, anesthesia, or surgery for my child.
- I am responsible for the cost of all medical treatment and care.
- 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. I agree to review and update this information whenever a change occurs and at least once every six months.
- The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
- I must notify the YMCA staff immediately of any changes on this form.
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. I understand that my child needs to be in the program no later than 9:30am. I will notify staff or call if my child will arrive later than 9:30am. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for child's safety, staff may have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- While attending the YMCA's full-day Early Education program, I understand that my child will be provided with a healthy breakfast, lunch, and afternoon snack each day.

My signature acknowledges my understanding of and agreement to the above:

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 1 Printed Name: _____

Parent/Guardian 2 Signature: _____ Date: _____

Parent/Guardian 2 Printed Name: _____

The YMCA is required to report membership & program participation information to the United Way and various government agencies in support of annual allocation, grant, and community service requests. This information is not reported on an individual basis and is used for statistical purposes only. Please check the correct answer for both A and B.

A. Ethnicity Category

- White Black or African American Middle Eastern or North African Asian
 Latino Two+ Races or Ethnicities Other

B. Household Income

- Less than \$15,000 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$44,999
 \$45,000-\$74,999 \$75,000+ Unknown

ANNUAL CAMPAIGN

Last year, 1 out of every 4 children and families were able to participate in Y programs because of donations from members like you to our Annual Campaign. Please consider making a donation to help ALL children in our community be a part of our Y.

I care to help economically challenged children and families to attend the Skalny Early Education Center and participate in Y programs and membership.

Please Add:

- \$1 per week to my weekly child care fee
 Additional amount of \$ _____ per week to my weekly child care fee
 One-time deduction: I authorize the Y to charge \$ _____ to my account on file.

Signature: _____

Date: _____