



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022-2023 TERRIFIC TWO'S

BRIGHT BEGININGS START HERE!

The Terrific Two's Program emphasizes sharing, caring, and most of all fun! Age-appropriate projects, activities, playtime and healthy snacks will keep everyone busy and smiling.

Program begins in September and continues through June.

Our rates are as follows:

Hours: 9:00-11:30 am	Y Member	General Public
Mon./Wed./Fri.	\$155 month	\$200 month
Tue. & Thurs.	\$130 month	\$175 month

Note: One month deposit for September tuition is due at time of registration.

>In August you will receive a letter inviting you to an open house in September. The letter will also provide you with a supply list and additional information about preschool.

>For more information call Brenda Salico Preschool Director, at 315-990-0779 or brendas@auburnymca.net

>Note: In order to attend your child must be two years old by December 1, 2022.

Auburn YMCA-WEIU, 27 William Street, Auburn NY 13021, 315-990-0779

YMCA Terrific Two's 2022-2023 Registration Form

Child's Full Name _____

Address _____ Phone _____

City _____ Zip Code _____

Birth Date _____ Age _____ Male Female

Parent/Guardian #1 _____ Phone _____ Cell # _____

Address _____ E-Mail _____

Employer _____ Phone _____

Parent/Guardian #2 _____ Phone _____ Cell # _____

Address _____ E-Mail _____

Employer _____ Phone _____

In case of emergency, the following persons (after parents) will be notified:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____



Is there anything you feel we should know that would help us to make your child's time at our YMCA Preschool a more comfortable and valuable experience?

Names and ages of brothers and sisters: _____

Child's physician _____ Phone _____

Does your child have allergies or any medical conditions that we should be aware of?

Date of most recent physical examination _____

We will need a current vaccination record and physical on file before the start of preschool.

You may fax your child's shot record to 315-253-6153 or bring a copy with you to the Open House.

Does your child receive any services (speech, OT, PT, special teachers etc.)? _____

Does your child participate in the Dolly Parton's Imagination Library? Yes No

I, _____, authorize the YMCA to obtain emergency
Parent/Guardian
treatment for _____ in case of an emergency.
Child

Signature _____ Date _____

Both parents are authorized for pick up unless the YMCA has court documents stating otherwise. Please list below the names of the people to whom we may release your child at the end of the YMCA Preschool day.

Name

Phone Number

1. _____

2. _____

3. _____

Signature _____

Parent/Guardian

My child may be photographed for publicity and classroom use.

Signature _____ Date _____

**DAYSCircle your preference
Times 9:00-11:30 am**

2 days (T-TH)

OR

3 days (M-W-F)

**Note: children must be two years old by December 1, 2022
to enroll in the YMCA Terrific Two's Program.**



The YMCA is committed to the protection and safety of all children.



Terrific Two's Automatic Payment Agreement

Payment for first month's tuition is due at time of registration. All future tuition payments will be **automatically deducted** from your Bank Account or Credit Card on the first of each month for that months care.

Automatic Payment Agreement

1. I understand that this program charge will remain in effect until the end of the program, or until I take action to stop it.
2. The designated draft amount on my receipt will be deducted from my bank account or charged to my credit card on the First of each month, thru the duration of the program.
3. I agree to give the YMCA a 15-day advance written notice if I wish to terminate or make any changes to my bank information (i.e. change of banks, accounts, or change in membership category). I understand that I should check my account to verify that the withdrawal has not occurred after date listed on the termination form.
4. Should any draft not be honored by my bank/credit card for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may have.

I have read understand and agree to the terms of this agreement.

Parent Signature: _____ Date: _____

Child/Children: _____

Automatic Payment Information

Bank Account Type: Checking Savings Credit Card: Visa MasterCard Discover American Express

Bank Name: _____

Name on Card: _____

Account#: _____

Credit Card #: _____

Routing #: _____

Expiration Date: ____/____ Security Code: _____

I authorize the Auburn YMCA-WEIU to charge the above Account or Credit Card for my childcare tuition on the First of each month.

Signature: _____

Date: _____

Print Name: _____

**New York State
Office of Children and Family Services
DAY CARE ENROLLMENT**

Photo of Child optional	Program Name: Auburn YMCA-WEIU	Address: 27 William Street, Auburn NY 13021	Phone Number: 315-253-5304
	Child's Full Name: Preferred Name/Nickname:		Date of Birth: / /
	Child's Home Address:		
	Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
Phone Number (s) Of Person Enrolling Child: <input type="checkbox"/> OK to Text ()		Address of Person Enrolling Child (if different than child).	
Email Address:			
Emergency Contact Names/Addresses		Authorized to Pick up Child	Primary Phone Number:
			Other Phone Number/Email
Emergency Info.	Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK to Text
For Program use only...Date of Enrollment		For Program use only...Date of Disenrollment	

Child's Full Name:	Date of Birth
Check Boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please List): _____ <input type="checkbox"/> Other: _____ Please provide information here AND discuss with your child care provider: _____	
Child's Primary Care Physician's Name/Group: _____ Phone: () _____	
Preferred Hospital: _____ Phone: () _____	
Child's Dental Care: _____ Phone () _____	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS: • I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature/Parent or Person (s) Legally Responsible:	Date: