

Before & After Preschool Care

For students enrolled in:
Full Day 3's, Full Day 4's,
UPK or 3PK programs.
For 23-24 School Year



The YMCA Before and After Preschool program provides children a fun, game-filled program in a safe environment for your child. Activities include snacks, arts & crafts, gym games, and small group activities.
Program licensed by NY State

Program Hours: Monday-Friday on days when school is in session (Follows AECSD Calendar)
AM Care: 7:00 am-9:00 am PM Care: 2:00 pm -4:30 pm

Program Fees:

Monthly Fee	Morning	Afternoon	AM & PM Care
	\$230.00	\$295.00	\$525.00

Location: Auburn YMCA-WEIU
27 William Street—Auburn, NY 13021

- Registration:**
- * Return completed forms to the Auburn YMCA Front Desk.
 - * First month's fees are due at time of registration.
 - * Registration must be received by August 25th to begin care on first day of preschool.
 - * Registrations received after this are subject to a 3-business day processing period.
 - * We accept Department of Social Services assistance—Award Letter Needed.
 - * No one shall be denied access to Y programs or services due to the inability to pay. If you are denied financial assistance by DSS, YMCA Program Scholarship applications are available. Application process is confidential & requires proof of financial need.

Registration Opens July 10th!
Registration Ends August 25th



Questions? *For more information contact Brenda Salico, Preschool Director.
Email: BrendaS@auburnymca.net or call: 315-990-0779.



2023/2024 Auburn YMCA-WEIU Before and After Preschool Care

My child is Enrolled in:

- 3PK or 3year old program
- UPK or 4year old program

My child will attend:

- Before Care...My child will usually arrive by _____:_____ in the am.
- After Care...My Child will usually be picked up by _____:_____ in the pm.

Child's Name _____ Circle one: Male Female Age: _____

Address _____

City/Zip _____ Home Phone _____

Mother's/Guardian's Name _____ DOB: / / E-Mail _____

Daytime Phone: _____ Cell: _____

Father's/Guardian's Name _____ DOB: / / E-Mail _____

Daytime Phone: _____ Cell: _____

Persons to contact in case of an emergency (other than parents):

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

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

Please list any concerns you may have:

Persons authorized to pick up your child (other than parents):

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Please note that ALL pick up persons (including PARENTS) will be required to show photo ID. Children will not be released to persons refusing to produce identification. Thank you for your understanding and cooperation.

In the event of an emergency, I understand that the Program Director will make the effort to contact the parent/guardian. However, I authorize him/her to act for me according to his/her judgment in an emergency requiring medical or surgical treatment and transportation to an emergency care facility. I agree to be responsible for all medical bills resulting from illness or injury during my child's attendance in the program.

Signature _____ Date _____



If your child will need to take medication during program hours, please call Brenda Salico, Preschool Director for more information, 315-990-0779 or brendas@auburnymca.net

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: <ul style="list-style-type: none"> • 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:



23/24 Before & After Preschool Care 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: _____

Circle: **AM Care Only** **PM Care Only** **Both AM and PM Care**

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: _____