



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PREPARING KIDS TO SOAR...

Before & After Preschool Care
for students enrolled in full day 3's,
4's, UPK or 3PK programs.
2018-2019 School Year



The YMCA Before and After School program provides children enrolled in our full day 3's, 4's program, 3PK & UPK, a fun, game-filled program in a safe environment for your child. Activities include snacks, arts and crafts, gym games, and small group activities.

Program Hours: Monday-Friday on days when school is in session
AM Care: 7:00 am-9:00 am PM Care: 2:00 pm -5:00 pm

Program Fees:

| Monthly Fees: | Morning | Afternoon | AM/PM Care |
|--|----------|-----------|------------|
| One Child Member | \$175.00 | \$205.00 | \$305.00 |
| One Child Non-Member | \$205.00 | \$235.00 | \$335.00 |
| \$5 monthly discount for Bank Draft payments | | | |

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

- Registration:**
- * Return completed forms to the Auburn YMCA
 - * First month's fees are due at time of registration
 - * Registration must be received by Sept. 7th to begin on first day of school. Registrations received after this are subject to a 3 business day processing period.
 - * We accept Department of Social Services assistance.

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, Y-Scholarship applications are available. Application process is confidential & requires proof of financial need.

Auburn YMCA-WEIU ♦27 William Street ♦Auburn, NY 13021 ♦www.auburnymca.org



2018/2019 Auburn YMCA-WEIU Preschool AM/PM Care

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 _____ E-Mail _____

Daytime Phone: _____ Cell: _____

Father's/Guardian's Name _____ 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 Betsy DeGroff, Preschool Director for more information, 315-253-5304 ext 113 or betsy@auburnymca.net