



**Rye YMCA  
Early Learning Center  
Registration  
2023- 2024**

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**Registration Packet**

RYE YMCA  
21 Locust Ave  
Rye, NY 10580  
[www.ryeymca.org/childcare](http://www.ryeymca.org/childcare)  
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Senior Program Director- Child Care



Rye YMCA Early Learning Center Program  
Registration Packet Checklist

**Before you hand in the registration packet, please use the checklist to make sure that you have included all necessary information and forms.**

\_\_\_ Required parent and child information sheet is completed

\_\_\_ Policy Statement is read and signed

\_\_\_ School Parent Agreement is read and signed

\_\_\_ Child Development Profile has been completed

\_\_\_ New York State Medical Form completed by physician

\_\_\_ Registration fee of \$200. Checks made out to Rye YMCA

\_\_\_ Blue Emergency Cards are completed

\_\_\_ Napping Arrangement is read and signed



### Required Parent & Child Information

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

#### Father/Guardian

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Days at Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Mother/Guardian

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Days at Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone : \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Who is legally responsible for the child? \_\_\_\_\_

Authorized Emergency Contact/Pickup? (Be sure to include someone who usually knows your whereabouts.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons **not** authorized to pick up child:

1. Name: \_\_\_\_\_
2. Name: \_\_\_\_\_

For Office Use Only: Initials \_\_\_\_\_  
Start Date \_\_\_\_\_  
Registered Date \_\_\_\_\_ Ck \_\_\_\_\_



## Policy Statement

The Rye YMCA Early Learning Center welcomes all children regardless of race, color, gender, national origin, religion, creed, disability, sexual orientation, gender identity or gender expression.

**No child** will be admitted to the center without all of the forms listed on page 2 of registration packet (checklist).

The children are given routine health checks each day upon arrival. Any child showing signs of illness or infectious disease will not be admitted to the center.

As a child care provider, our staff is responsible for reporting any and all suspected child abuse and/or neglect. Therefore, if any employee of The Early Learning Center suspects that there is any kind of child abuse and/or neglect, they must contact Child Protective Services. Please note all employees are considered mandated reporters.

If your child will be absent, please call the center by 9:00am or email the director.

Please be sure to pick your child up by 6:00pm. Persistent lateness will result in a late fee.

I have read the Parent Handbook and Policy Statement set forth by the Rye YMCA's Early Learning Center and agree to abide by them.

The Rye YMCA's Early Learning Center only accepts children who follow the N.Y.S. recommended childhood immunization schedule, unless for medical reasons.

Parent/Guardian's Signature: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_



## Parent-Center Agreement – 2023- 2024 School Year

A \$200 non-refundable registration fee is required to secure enrollment.

Child's Name \_\_\_\_\_

1. The following is your child's monthly tuition. \$\_\_\_\_\_
2. The tuition for all programs is processed on the 15th of each month.
3. Rye Y's ELC is open from 7:30 a.m. to 6:00 p.m. daily. Please adhere to times.
4. There will be no refund if your child is absent from the center.
5. The health of your child and all children in the center is very important. Children are very generous about sharing germs with each other; therefore please keep your child home when he/she has signs of illness.
6. No person or persons other than those specifically authorized by the child's parents or guardians will be allowed to pick up a child unless he/she has a note written and signed by the parent or guardian. Proper identification must be provided at pick-up. (Picture I.D.)
7. I give permission to the center for the following:
  - a. To allow my child to leave the center to go on field trips, neighborhood walks, and to use the Rye Y's playground.
  - b. To seek emergency medical treatment for my child in case I am unavailable when such treatment is needed.
  - c. To allow my child to appear in photographs taken by the Rye Y and to allow any pictures of my child to be released for publication in newspapers, brochures and website.
  - d. To use my child's photograph on the "Bloomz" app to be disseminated to all families in my child's classroom.
8. I am responsible for transporting my child to and from the center.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT YOU ARE WILLING TO ABIDE BY THE TERMS THEREOF. THE CENTER WILL NOT BE RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION AT THE TIME OF ENROLLMENT.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Required Parent & Child Information

Children attending the center will receive two nutritious snacks each day. We follow healthy guidelines provided by the NYS Child and Adult Care Food Program. Snack menus will be posted and emailed home on a monthly basis.

Children arriving before 9:00am are allowed to bring their own breakfast. Morning snack is served from 10:00 – 10:30am, lunch is from 12:00 – 12:40pm and afternoon snack is served from 3:00 – 3:30pm. If your child is in care during these times, he or she will receive the meal or snack that is being served.

Children must bring a nutritious lunch each day. Families will have the option to order lunch from a nearby deli and have it delivered.

What days will your child usually be at the center?

M \_ Tu \_ W \_ Th \_ F \_

Which program will your child attend: Toddlers (18 months-36 months) \_\_\_\_\_ Preschool (ages 3) \_\_\_\_\_ or Pre-K (must be 4 years of age) \_\_\_\_\_

What hours will your child usually be at the center?

Arrive \_\_\_ am \_\_\_ pm

Depart \_\_\_ am \_\_\_ pm

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



### CHILD DEVELOPMENT PROFILE

1. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_
2. Father or Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_
3. Mother or Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_
4. Names and ages of siblings: \_\_\_\_\_
5. Any other persons living in the home: (please list name and relationship to child):  
\_\_\_\_\_
6. What languages are spoken in your home? \_\_\_\_\_

### YOUR CHILD

1. Was there anything unusual about your pregnancy or your child's birth?
2. If your child was adopted, how have you shared this with him/her?
3. Briefly describe what your child was like as an infant:
4. Tell us about your child now. What are his/her favorite things to do, places to go, things to play with, foods, etc.?
5. How does your child respond to new situations?
6. Is your child receiving services through Early Intervention or the Committee for Pre-School Special Education? If so, which?
7. How would you describe your child's speech? \_\_\_ Clear \_\_\_ Difficult to understand



## **ALLERGIES AND HEALTH CONCERNS**

1. Does your child have any food allergies?\_\_\_\_\_ Please list them.
2. How do his/her allergies manifest themselves?
3. What precautions need to be taken? Does your child have an Epi-Pen?
4. Does your child have any other health issues?
5. Has your child ever been treated for illness or injuries? If so, describe:
6. Has your child ever been hospitalized? If so, describe:

## **TOILETING**

1. Is your child toilet trained? \_\_\_\_\_ Bowel \_\_\_\_\_ Urination
2. Does your child indicate when he/she has to go to the bathroom?
3. With which words or signals?
4. Are reminders necessary?





## **SLEEPING**

1. Does your child usually nap? \_\_\_\_\_ Length of nap? \_\_\_\_\_
2. Does your child usually sleep through the night? \_\_\_\_\_
3. What time does your child go to sleep? \_\_\_\_\_ Wake up? \_\_\_\_\_

## **SEPARATION**

1. How does he/she respond when you leave?
2. How do you handle this?
3. Describe any lengthy separation experiences your child has had:

## **FEELINGS AND SENSITIVITIES**

1. How does your child express feelings?
2. What makes him/her happy?
3. Sad?
4. Frightened?
5. Angry?



**Feelings and Sensitivities, cont.**

6. Aggressive?
7. How does your child react to new situations?
8. How does your child do with transitions?
9. How do you help your child when he/she is upset?
10. Describe your approach to discipline. What are some of your strategies and how does your child respond?

**YOUR FAMILY AND OUR CENTER**

1. How did you learn about our program?
2. Is there anything we should know that will help us to understand your child better?
3. What are your expectations for your child while attending Rye Y ELC?
4. Would you be interested in volunteering your time?  
 Fundraising  
 Chaperoning field trip  
 Guest Reader  
 Other

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## NAPPING ARRANGEMENT

The Rye YMCA Early Learning Center offers children a robust and busy 8-10 hour day. Children are busy both physically and intellectually during the course of that day. Part of our day is a nap/rest time from 12:30 – 2:00 p.m. within each classroom. Your child will be provided with a raised cot and parents will provide appropriate bedding. (See parent handbook). Bedding must be taken home and washed weekly, typically the last day of the week. During the course of their very busy morning they are often tired and need to either nap or at the very least rest. If your child is unable to sleep during nap time they will be offered quiet activities on their cots or a quiet play area within the classroom, whichever they prefer. We always allow a special soft animal to sleep with while at ELC. Your child will be supervised by Y staff in compliance with OCFS regulations during nap/rest time. If your child requires any special arrangements for nap time please list what your preference is below.

Individual Napping Arrangements for (child's name)\_\_\_\_\_ .

Please read and check below.

\_\_\_\_\_ I acknowledge that I have read the napping arrangements provided by Rye Y ELC and agree with arrangements above.

\_\_\_\_\_ I acknowledge that I have read the napping arrangements provided by Rye Y ELC and request that you provide my child with special arrangements noted in comment section.

Parent / Guardian Signature:\_\_\_\_\_ Date: \_\_\_\_\_

*Per Section 418-1.7 (o) Sleeping and Napping arrangements must be made in writing between the parent and the program. Such arrangements shall include: the area of the program where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised, consistent with the requirements of section 418-1.8 of this Subpart.*



## Early Learning Center 2023- 2024

**Rates/Registration Fee:** \$200.00 non-refundable deposit

Monthly Rates (will be automatically billed on the 15th of each month)

5 days: Member: \$2225; Non-Member: \$2560

4 days: Member: \$1692; Non-Member: \$1947

3 days: Member: \$1513; Non-Member: \$1740

NAME AS IT APPEARS ON CARD:
TYPE OF CARD:
CREDIT CARD NUMBER:
EXPIRATION DATE:

- 1) You will be charged prior to the start of each month on the 15<sup>th</sup>.**
- 2) You must notify us if your card information changes or expires.**
- 3) If you do not use a credit/debit card you will need to make arrangements with the director.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### **RYE YMCA**

21 Locust Avenue, Rye, New York 10580

**P** 914 967 6363 **F** 914 967 0644 [www.ryeymca.org](http://www.ryeymca.org)