

2024-2025 RYE YMCA PRESCHOOL ENRICHMENT PROGRAM REGISTRATION FORM

Please print clearly - One form is required for each participant - Complete in full and sign

CHILD'S NAME (FIRST, MIDDLE, LAST)					
BIRTHDATE	AGE (<i>as of 9/05/2022</i>)	GENDER	HOME PHONE #	BEST PHONE #	
STREET ADDRESS			CITY	STATE	ZIP
PARENTAL CUSTODY (<i>If applicable</i>)			ALLERGIES		
PARENT/GUARDIAN 1			PARENT/GUARDIAN 2		
CELL PHONE			CELL PHONE		
WORK PHONE			WORK PHONE		
EMAIL (<i>All nursery wraparound program updates</i>)			EMAIL		

PARENTAL CUSTODY/SPECIAL ARRANGEMENTS (PLEASE LIST HERE) _____

NAME OF PARTICIPANT'S NURSERY SCHOOL IF APPLICABLE: _____

CHECK YOUR CHOICE:

1 DAY: MORNING _____ or AFTERNOON _____ ****1 DAY OPTION ONLY AVAILABLE FOR WEDNESDAYS****

2 DAY: MORNING _____ or AFTERNOON _____

3 DAY: MORNING _____ or AFTERNOON _____

BUSSING: YES NO

EMERGENCY CONTACTS AND PICK UP AUTHORIZATIONS

In addition to parents/guardians, those listed below will be authorized to pick up the child identified on this registration form. In the event (emergency, last minute change) an individual needs to pick up your child that is not on this list, please call or email Kathy Lynam 914-967-6363 ext. 250 or kathy@ryeymca.org stating the name, relationship and telephone numbers applicable of the individual picking up that day. Please note every day individuals picking up must present either a license or pick up card. Children will not be released at any time to any individual that is not listed below or has not been documented as the specific pickup for the corresponding day. We will contact you if the individual has picked up in the past, but is not listed on this form and is there to pick up. You are welcome to add or delete from this list at any time (via telephone/email). Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent had been denied visitation or has limited or restricted visitation by court order, a copy of the order must be given to the YMCA and kept on file. No child will be released without direct teacher to guardian transfer.

ADDITIONAL AUTHORIZED PICK UP & CONTACTS - Guardian, Additional Parents, Friends, Nanny, Babysitter, Relatives, etc.

NAME & RELATIONSHIP	CELL #	HOME/WORK #
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PRESCHOOL ENRICHMENT PROGRAM PARTICIPANT HEALTH HISTORY INFORMATION

This section is required for your child's care

May participate in all activities (see the program description for the full list)

Please restrict from these activities: _____

Current Medical, Mental or Psychological Condition pertinent to routine care of participant including any current treatment/care:

Please describe any past medical treatment that this child has received: _____

Dietary restrictions? Please list: _____

Allergies? No _____ Yes _____ If yes, please list: _____

Medications? No _____ Yes _____ If yes, Please list (oral, topical, inhalant medications): _____

(If your child will need any kind of medication administered throughout the day - including epi pens, inhalers, etc. a "Rye YMCA Medication and Over-The-Counter Authorization Form" must be completed and submitted. We cannot administer medication without this form complete. This form must be submitted to the Director on the first day of attendance).

Insurance Carrier: _____

Insurance Policy #: _____

Child's Physician: _____

Physician's Phone #: _____

REGISTRATION RELEASE

I am aware of all program activities (brochure/ website) and allow my child to participate fully unless otherwise noted above. I hereby certify that my child named herein is in normal health and capable of safely participating in program activities including sports and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with the YMCA programs from liability for any harm that befalls my child as a result of participation in the Rye Y Pre-School Enrichment Program. I consent that photographs and video taken of him or her are the property of the Rye YMCA and may be reproduced and publicized as the YMCA desires, free of claims on my part. I give the Rye Y permission to transport my child to or from the Rye YMCA to their designated nursery school. In case of illness or emergency, I authorize the Preschool Enrichment Program Director or trained and certified personal to provide first aid care or secure the services of a doctor if necessary. I understand that medical information and personal data will be used only in program, when necessary, to protect a child's well-being. Unless noted otherwise, registration acknowledges acceptance of policies regardless of signature on this page.

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REFUND POLICY

There are no refunds available after December 22, 2023. Exceptions to this include family emergencies or health-related events accompanied by a doctor's note. All exceptions must be communicated to the Director ASAP.

We follow the Rye City School District Calendar, including inclement weather.

ANNUAL CAMPAIGN CONTRIBUTION

Every year the Rye YMCA helps more than 400 families afford child care, camp, family memberships and other rewarding and necessary programs for their own development. Your contribution can help a family experience the magic of programs that the Rye Y has to offer! I would like to pledge the following amount to a family in need:

____ \$50 ____ \$100 ____ 1 Week Of Camp(\$350) ____ Other

RYE YMCA PRESCHOOL ENRICHMENT PROGRAM

Fall 2023 Session A (September 9- January 17)

Registration begins January 10, 2024

Session B (January 22- June 7): Registration will start November 10, 2023

One day option

Two day option

3 day option

1 DAY AM OR 1DAY PM WEDNESDAYS ONLY 9:15- 12:00PM (MORNING) 11:30-2:20PM (AFTERNOON) FAMILY: \$1,876 YOUTH: \$1,943 NON-MEMBERS: \$2,187 ADD-ON TRANSPORTATION: \$111	2 DAY AM OR 2 DAY PM 9:15- 12:00PM (MORNING) 11:30-2:20PM (AFTERNOON) FAMILY: \$2,895 YOUTH: \$2,976 NON-MEMBERS: \$3,249 ADD-ON TRANSPORTATION: \$212	3 DAY AM OR 3 DAY PM 9:15- 12:00PM (MORNING) 11:30-2:20PM (AFTERNOON) FAMILY: \$4,341 YOUTH: \$4,465 NON-MEMBERS: \$4,866 ADD-ON TRANSPORTATION: \$307
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PAYMENT METHOD:

I have enclosed a check for \$ _____

Credit / Debit Card (circle one)
VISA Discover AMEX Mastercard

Name on Card: _____

Card Number: _____

Exp Date: _____

By providing my signature below; I authorize the Rye YMCA to charge me \$ _____

Sign _____

Date _____

By signing below I acknowledge and accept the stated Registration Release, Refund Policy/ Processing Fee and Rye YMCA Policies

PARENT / GUARDIAN SIGNATURE _____ DATE _____