



Rye YMCA's Nursery School at St. Johns 2024- 2025

Registration Packet

RYE YMCA
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Rye YMCA's Nursery School at St. Johns
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



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 Nursery School at St. John's 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 Rye YMCA 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 the scheduled time. Persistent lateness will result in a late fee.

The Rye YMCA's Nursery School 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 – 2024- 2025 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 Nursery School offers morning or afternoon sessions. 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 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 a nutritious snack 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.

Morning Session: 8:45am- 11:30am

Afternoon Session: 12:30pm- 3:15pm (Children will need to eat lunch before arrival)

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) _____ or Preschool ages 3-5) _____?

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?



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 Nursery School?



St. John's Nursery School 2024- 2025

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

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

5 days: \$9,120 school year

4 days: \$8,220 school year

3 days: \$7,330 school year

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 15th.**
- 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

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