

# 2026-27 Character Counts Preschool Registration



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

Gender:    Male    Female  
Start Date: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

|                                      |        |       |     |      |                                     |        |     |  |  |
|--------------------------------------|--------|-------|-----|------|-------------------------------------|--------|-----|--|--|
| Family's <u>Physical</u><br>Address: | Street |       |     |      | Family's <u>Mailing</u><br>Address: | Street |     |  |  |
|                                      | City   | State | Zip | City |                                     | State  | Zip |  |  |

|                              |                                     |                               |                                                             |
|------------------------------|-------------------------------------|-------------------------------|-------------------------------------------------------------|
| Primary Parent or Guardian:  |                                     | Secondary Parent or Guardian: |                                                             |
| Birthdate                    | <i>(Is Responsible for Payment)</i> | Birthdate                     | <i>Does this person reside with the child?    Yes    No</i> |
| Relationship to Child: _____ |                                     | Relationship to Child: _____  |                                                             |
| Home Phone: _____            |                                     | Home Phone: _____             |                                                             |
| Cell Phone: _____            |                                     | Cell Phone: _____             |                                                             |
| Employer: _____              |                                     | Employer: _____               |                                                             |
| Work Phone: _____            |                                     | Work Phone: _____             |                                                             |
| Email Address: _____         |                                     | Email Address: _____          |                                                             |

★ Is there someone who does not have legal access to your child?    Yes    No    (If Yes, you must submit legal documentation)

Please list the name of the person who does not have access to the child: \_\_\_\_\_

\*This program cannot, without a court order, limit the access of biological/adoptive parent by request of the other, regardless of reason. A legal restraining order must be on file at the administration office and site if biological/adoptive parent is not allowed to pick up the child. Our program will not accept approval by a parent or guardian, written or otherwise, contradicting the legal restraining order.

|                                                                                                                             |                       |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Authorized Person for Pick Up/Emergency Notification, You must list a minimum of 3 contacts other than listed above.</b> |                       |
| 1-Name: _____                                                                                                               | Relationship: _____   |
| Phone: _____                                                                                                                | Street Address: _____ |
| 2-Name: _____                                                                                                               | Relationship: _____   |
| Phone: _____                                                                                                                | Street Address: _____ |
| 3-Name: _____                                                                                                               | Relationship: _____   |
| Phone: _____                                                                                                                | Street Address: _____ |

Please complete the following questions. Be sure to provide an explanation where needed.

|   |                                                                                                                                                                                                                                                                                            |           |           |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| 1 | Is there a holiday that your family does not observe? If yes, please list:                                                                                                                                                                                                                 | Yes       | No        |
| 2 | Is your child physically and mentally able to participate in the CC Pre-School Program?<br>If <b>NO</b> , please explain:                                                                                                                                                                  | Yes       | No        |
| 3 | Does your child have any condition requiring special attention; medical or routine? (If YES, fill out <b>Child with Special Needs Form</b> )<br>If <b>YES</b> , please explain:                                                                                                            | Yes       | No        |
| 4 | Is your child allergic to bee stings? (If <b>YES</b> , fill out <b>Child with Special Needs Form &amp; Food Allergy &amp; Anaphylaxis Emergency Care Plan</b> )<br>If <b>YES</b> , does your child require medication if stung? (If <b>YES</b> , fill out <b>Medication Consent Form</b> ) | Unknown   | Yes<br>No |
| 5 | Is your child allergic to any foods? (If <b>YES</b> , fill out <b>Child with Special Needs Form &amp; Food Allergy &amp; Anaphylaxis Emergency Care Plan</b> )<br>If <b>YES</b> , please explain:                                                                                          | Yes       | No        |
| 6 | Does your child have other allergies (Meds, Seasonal, etc)? (If <b>YES</b> , fill out <b>Child with Special Needs Form: Must list type of specific type of allergy, symptoms, and response to reaction</b> )<br>If <b>YES</b> , please list:                                               | Yes       | No        |
| 7 | Does your child have asthma? (If <b>YES</b> , fill out <b>Asthma Action Form</b> )<br>If <b>YES</b> , does your child require medication? (If <b>YES</b> , fill out <b>Medication Consent Form</b> )                                                                                       | Yes<br>No | Yes<br>No |
| 8 | Does your child require medication to be taken at program? (Please remember to include times during full day programs)? (If <b>YES</b> , fill out <b>Medication Consent Form</b> )<br>If <b>YES</b> , please list:                                                                         | Yes       | No        |

**-If you answered yes above, all forms must be completed prior to the child attending.**

**-A Medication Consent Form must be completed for each medication.**

**-The medication must be labeled with the child's name, dosage, and expiration date and turned in to the office at the time of registration.**

| Please read, initial in the box to the right, and sign this form at the bottom of the page:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Initial |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|
| <b>Media Release:</b> I give consent for my child to be photographed or videotaped in program activities that may be used in news releases or promotional brochures. I understand I will not be reimbursed for such photographs or videotapes. The YMCA will also make every attempt to notify me of any such use of the likeness of my child.                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |
| <b>Medical Treatment (mandatory for participation):</b> In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |         |
| <b>Waiver (mandatory for participation):</b> Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Watertown Family YMCA SACC sites, use of the equipment or facilities and participation in activities, whether on its premises or at another location, and for son/daughter, legal guardian and his/her heirs and assigns hereby waive, release and to hold free from all claims for damages the Watertown Family YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in my son/daughter participating in the programs and activities of the YMCA, and agree that he/she will not participate in any activity that may injure themselves or others. |  |         |
| <b>Memorandum of Understanding (mandatory for participation):</b> I understand the Parent Handbook is available online at <a href="http://www.watertownymca.org">www.watertownymca.org</a> under the Childcare. I understand my and my child's rights and responsibilities contained within the Parent Handbook, including the discipline policy.                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |
| Parent/Guardian Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Date:   |



## 2026-27 Character Counts Preschool Enrollment Contract

|                           |
|---------------------------|
| Parent/Guardian Name:     |
| Primary Phone:            |
| Parent DOB:               |
| Office use only: Member # |

| Billing and Registration Procedures                                                                                                                                                                                                                                                                   | Initial |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| There is a \$20 registration fee per family, if all children registering are members this fee is waived. This registration fee is non-refundable.                                                                                                                                                     |         |
| CC Pre- School fees are billed the month prior to care. If you register prior to August, September's fees will be set to draft in August. All registrations August and throughout the school year, will require the first month's cost and registration fee. This registration fee is non-refundable. |         |
| Registration is not complete until all applicable forms & payments are received by the SACC office. (Registration Form, Fee Contract, CACFP, Text Alert, and if needed; Medical Consent, Special Needs, Allergy, Asthma, A&A Emergency Plan, Court                                                    |         |
| We are unable to bill an <u>individual</u> third party for the cost of your child's care. It will be your obligation to seek payment from that individual.                                                                                                                                            |         |
| A late fee of \$5.00 for the first five minutes you are late to pick up your child and an additional \$2.00 for each minute thereafter.                                                                                                                                                               |         |
| There is a fee for all CC, Check, and EFT payments which are returned (this fee varies by bank, can be up to \$30)                                                                                                                                                                                    |         |
| All monthly fees are required to be set up as automatic payments.                                                                                                                                                                                                                                     |         |
| Changes to your contract may be made by calling the SACC office at (315) 755-2005. Changes to your contract must be made no later than the 2 weeks prior to your next scheduled billing date.                                                                                                         |         |
| YMCA reserves the right to discontinue care if payment is <u>30 days</u> outstanding.                                                                                                                                                                                                                 |         |

| Program: All preschool costs are billed monthly | Member/Military | Non-Member/Non-Military |
|-------------------------------------------------|-----------------|-------------------------|
| 2 days Tuesday/ Thursday                        | \$212           | \$235                   |
| 3 days Monday/Wednesday/Friday                  | \$248           | \$275                   |
| 5 days Monday through Friday                    | \$315           | \$350                   |

|                                                                                                        |                                                                            |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> (Initial) I choose to have debit/credit card ending with <input type="text"/> | processed the <b>1st AND 15th</b> of the month prior to the service month. |
| <input type="checkbox"/> (Initial) I choose to have debit/credit card ending with <input type="text"/> | processed the <b>1st</b> of the month prior to the service month.          |

**Memorandum of Understanding:** I have read and understand this enrollment contract in its entirety. I understand that space is reserved for my child and I am responsible for payment for the contracted days and additional service days. I understand that I am the party ultimately responsible for the cost of care despite third party assistance or subsidies. My services may be suspended for any account which is delinquent.

|                            |       |
|----------------------------|-------|
| Parent/Guardian Signature: | Date: |
|----------------------------|-------|