2026-27 YMCA DAYCARE & PRE-K Registration

Name of Child: _____ **Enrollment Date:** _____

Gender: Male Female **Start Date:** _____

Age: _____ **Birthdate:** _____ **Daycare Rm/Location:** _____

Family's Physical Address:	**Street**	**Family's Mailing Address:**	**Street**
	City **State** **Zip**		**City** **State** **Zip**

Primary Parent or Guardian:		**Secondary Parent or Guardian:**	
Birthday	***(Is Responsible for Payment)***	**Birthday**	***Does this person reside with the child?*** ***Yes*** ***No***
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 allwoed to pick up the child. Our program will not accept approval by a parent or guardian, written or otherwise, contradicting the legal resrtaining order.**

Authorized Person for Pick Up/Emergency Notification, You must list a minimum of 3 contacts other than listed above.

1-Name:		**Relationship:**	
Phone:		**Street Addess:**	
2-Name:		**Relationship:**	
Phone:		**Street Addess:**	
3-Name:		**Relationship:**	
Phone:		**Street Addess:**	

Please complete the following questions. Be sure to provide an explanation where needed.				
1	Is your child physically and mentally able to participate in the Daycare Program? If **NO**, please explain:		Yes	No
2	Does your child have an Individual Education Plan (IEP) or is being evaluated for one? (If YES, provide a copy of the **IEP**)		Yes	No
3	Does your child have any condition requiring special attention; medical or routine? (If YES, fill out Child with Special Needs Form) If **YES**, please explain:		Yes	No
4	Is your child allergic to bee stings? (If **YES**, fill out **Child with Special Needs Form & Allergy & Anaphylaxis Emergency Plan**)	Unknown	Yes	No
	If **YES**, does your child require medication if stung? (If **YES**, fill out **Medication Consent Form**)		Yes	No
5	Is your child allergic to any foods? (If YES, fill out Child with Special Needs Form & Allergy & Anaphylaxis Emergency Plan) If **YES**, please explain:		Yes	No
6	Does your child have other allergies (Medications, Seasonal, etc)? (If **YES**, fill out Child with **Special Needs Form & Allergy & Anaphylaxis Emergency Plan**) If **YES**, please list:		Yes	No
7	Does your child have asthma? (If **YES**, fill out Child with Special Needs Form & Special Health Care Plan for a Child with Asthma)		Yes	No
	If **YES**, does your child require medication? (If **YES**, fill out **Medication Consent Form**)		Yes	No
8	Does your child require medication to be taken at program? (Please remember to include times) (If **YES**, fill out **Medication Consent Form**) If **YES**, 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
Room availability: Future classroom slots are not guaranteed and based on availability when your child ages up to Toddler and Preschool 3. Our Preschool 4 room is only available through the Watertown City School District's UPK registration.	
Field Trip Permission: I give permission for my child to participate in the field trips taken by the YMCA DAYCARE Program. I understand that I will be given prior notice if a trip is planned. (Example: Walk to farmers market, visit to library or the Downtown YMCA, etc...)	
Media Release: 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.	
Medical Treatment (mandatory for participation): In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.	
Waiver (mandatory for participation): 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 herby 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.	
Memorandum of Understanding (mandatory for participation): I understand the Parent Handbook is available online at www.watertownymca.org 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 YMCA DAYCARE & PRE-K Enrollment Contract

Parent/Guardian Name:	**I receive DSS Assistance** Yes No If you are receiving DSS assistance you must provide the **DSS Approval Letter**.
Primary Phone:	
Parent DOB:	
Office use only: Member #	**I am requesting a financial assistance Scholarship** Yes No If you are requesting assistance please complete the **Scholarship Application.**

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.	
Registration is not complete until all applicable forms & payments are received by the admin office. (Registration packet: Fee Contract, Registration From, Medical Statement & Immunization Record, NYS OCFS Daycare Registration From, CACFP Form, Development History.	
We are unable to bill an individual 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)	
If you receive assistance from DSS you are responsible for your monthly parent fee and the balance of any unpaid child care costs. If DSS does not pay as much as you feel they should, it is your responsibility to contact your caseworker. You will be responsible to pay for any uncovered childcare expenses within 2 weeks of the statement.	
The sibling discount is applied to the child whos care cost is the least.	
If you receive a YMCA Scholarship, maintaining a current payment status is required for continuing your scholarship. There is not a sibling discount if you receive a scholarship.	
All child care fees are required to be set up as automatic payments.	
Changes to your contract may be made by completeing a Withdrawal From. 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 30 days outstanding.	
Program fees are not prorated for months where there is a holiday or break or for a child's absence from the program. Cost is scheduled based on a 180 days of care September to June.	

2026-27 Cost Schedule (Sept '26 to Aug '27)	Cost for the First Child				Cost for Each Additional Sibling			
Program	*All child care costs billed monthly. (Vacation billed upon registration)*							
Infant (6 weeks - 18 months)	Month	$1,276	Bi-Wk	$638.00	Month	$1,084.60	Bi-Wk	$542.30
Toddler (18 months - 3 Years)	Month	$1,190	Bi-Wk	$595.00	Month	$1,011.50	Bi-Wk	$505.75
Pre-School (3-4 years)	Month	$1,095	Bi-Wk	$547.50	Month	$930.75	Bi-Wk	$465.38
Pre-School-BOCES	Month	$900	Bi-Wk	$450.00	Month	$775.00	Bi-Wk	$387.50
AM Wrap Around (630 - 8am)*	Month	N/A	Bi-Wk	N/A				
PM Wrap Around (1-530pm)*	Month	$423	Bi-Wk	$211.50				
Both (AM & PM)*	Month	$581	Bi-Wk	$290.50				

*Pre-K Wrap Around and Vacation Programs only run September through June.

Child(ren)s Names	Daycare Room (Infant, Toddler, Pre-School, Wrap Around)	Cost of Care
1.		$
2.		$
3.		$
4.		$
	Total Monthly Fee	**$**

Method of Payment

☐ *(Initial)* I choose to have debit/credit card ending with _____ processed the **1st AND 15th** for the bi-weekly cost of care.

☐ *(Initial)* I choose to have debit/credit card ending with _____ processed the **1st** of each month for the montly cost of care.

Vacation, Early Dismisal Progarms, and Late Pickup Fees

☐ *(Initial)* I authorize YMCA to charge my debit/credit card for registered vacation programs the week prior to attending and for additional fees incurred due to late pickup.

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:**