



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Revised 3/22/2018

2018-2019 Preschool Information

Our Philosophy

At the Y Preschool program, what appears to be child's play can be a rich educational experience. While children are singing songs, reading stories, playing dress-up and painting pictures, they are also discovering important concepts. These concepts will create a strong foundation for their elementary years. The Y Preschool will promote social, cognitive and emotional growth through hands-on learning and activities. We build strong kids, strong families, and strong communities.

OUR VALUES:

Caring, honesty, respect and responsibility are the basis for all that we do.

OUR MISSION:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

LOCATION:

Classes are located in the Meramec Rooms of the South County Family YMCA building.

Financial Assistance

Financial assistance is available for those with a demonstrated financial need. For more details, or to be considered for eligibility, you can pick up a scholarship packet at the South County Family YMCA.

Enrollment Dates

Current Enrollees: April 1– April 30, 2018 **New Enrollees:** Begins May 1, 2018

Registration Process

The non-refundable, non-transferable

Registration fee is \$35 per child. Please complete the attached registration form and return it to the South County Family YMCA with the registration fee. A parent packet, with receipt, will be issued to confirm your child's enrollment.

Registration is on a first come, first serve basis. Current enrollees will have first priority over new enrollees. Siblings of current enrollees also will take priority over new enrollees. Space is limited so sign up early!

2018 – 2019 Monthly Program Fees

Two days per week (M/W) or (T/Th)

3, 4, 5 years old \$127/month (members)
\$156/month (non-members)

Three days per week (M/W/F)

3, 4, 5 years old \$152/month (members)
\$181/month (non-members)

Five days per week (M through F)

3, 4, 5 years old \$165/month (members)
\$194/month (non-members)

- Monthly payments are due on the 1st or 15th day of the month.
- Fees are based on a 9-month billing cycle.
- Fees are not pro-rated for scheduled days off of school, illness, suspension, holidays, inclement weather, etc.
- Fees are subject to change.
- A \$15 multi-child discount is given, per month, beginning with the second child in the same family
- EFT drafts are the preferred method of payment.

Membership

The best way to enjoy the Y is to be a member! Being a Y member gives you added discounts to childcare cost.

HOURS OF OPERATION

The YMCA Preschool Child Care operates in accordance with the Missouri Department of Health guidelines. Hours of operation are from 9:00 AM to 12:00 PM, Monday through Friday. Two, three, and five day options are available.

Questions: If you have any questions, you can contact Jennifer Davis, Child Care Director at (314)849-9622 ext. 235 or email at Jennifer.davis@gwrymca.org.

Inclusion Services Available

Our YMCA welcomes participation by children of all abilities. The Y provides a recreational environment for children and teens with and without disabilities through added support staff, when needed, to facilitate successful participation in the programs, when appropriate. **Parents/guardians of children with specialized educational documents will be contacted by the Director of Child Care Services at the South County Family YMCA.**

You must submit a current IEP/BMP/504 Student Accommodation Plan and complete the Inclusion information forms before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.

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PROGRAM HIGHLIGHTS

•Family events •Snack included •Interest centers •Swimming •Computers •Story-telling •Parent education and involvement •Field trips •Gymnastic Center



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Y Preschool

2017-2018

School Year

Please complete one form per child

Child's Name _____ M _____ F _____
Gender

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Age _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Home Address _____ Preferred E-mail Address _____

Employed By _____ Work Phone _____

Work Address _____ City _____ State _____ Zip Code _____

Father's Name _____ Home Phone _____ Cell Phone _____

Home Address _____ Preferred E-mail Address _____

Employed By _____ Work Phone _____

Work Address _____ City _____ State _____ Zip Code _____

Session:

_____ 3-Day Program (Mon, Wed, Fri)

_____ 5-Day Program (Mon, Tues, Wed, Thur, Fri)

_____ 2-Day Program (Mon, Wed)

_____ 2-Day Program (Tues, Thurs)

Payment Draft Date: _____ 1st of Month (Sept – May) or _____ 15th of Month (Sept – May)

Is there a:

Chronic / Severe Health Condition _____ Yes _____ No
(Asthma, Diabetic, etc.)

Custodial Agreement _____ Yes _____ No

**Individual Education Plan _____ Yes _____ No

**Behavioral Management Plan _____ Yes _____ No

**504 Student Accommodation Plan _____ Yes _____ No

** You must submit a current IEP/BMP/504 with this registration form and complete the Inclusion Information forms before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met.

THIS FORM CANNOT BE ACCEPTED WITHOUT A PARENT OR LEGAL GUARDIAN SIGNATURE. By signing this contract, I understand that I have registered for the above session/times and am therefore responsible for payment for each week, whether my child attends or not, as long as my child is enrolled in the Y Club program. I understand I will receive no credit for missed days. Should I need to change my schedule, I must notify the registrar one week prior to that change and will pay a \$25 transfer fee. If my child is absent for 2 weeks without notification, I understand my child will be dropped from the program. I certify that all information provided is complete and correct, to the best of my knowledge.

Parent Signature _____ Date _____

YMCA USE ONLY

YMCA Member # _____ Non Member # _____
Date _____ Amount Paid _____ Receipt # _____ Initial _____