

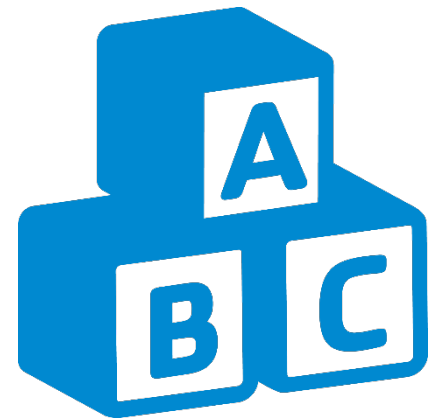


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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PIEDMONT FAMILY YMCA Early Learning Center 2024-2025

STUDENT ENROLLMENT FORM

The Piedmont Family YMCA Early Learning Center is licensed by the State of Virginia and is committed to providing a safe and healthy environment for the growth and development of your child. Our program is designed to meet language, social-emotional, physical and cognitive milestones and to promote a genuine love for learning. We want to make your child's first educational experience a memorable one.



Begin at the Y

Y's across the country offer quality full-day early learning for infants through preschoolers, enabling parents and family members to go to work knowing their children are in safe, stimulating environments. Children are like sponges - they watch and absorb knowledge, skills and values from everything and everyone around them. At the Y, we believe the values and skills learned early on are vital building blocks for quality of life and future success. Our center is staffed with people who understand the cognitive, physical and social development of kids, the need children have to feel connected and supported in trying new things, and the caring and reinforcement parents and families need to help each other. At the Y, babies develop trust and security, toddlers develop greater independence and preschoolers experience early literacy and learn about their world. Most importantly, children learn how to be their best selves. That makes for confident kids today and contributing and engaged adults tomorrow.

YMCA Early Learning Center at The Jefferson School

Hours of Operation: Monday – Friday, 7:00am – 5:30pm
Email: childcare@piedmontymca.org
Phone: 434.202.0118
Fax: 434.270-7565

YMCA Early Learning Center
233 4th Street, NW
Suite Y
Charlottesville, VA 22903

Note: The YMCA Early Learning Center does NOT provide part-time care. All fees listed on the next page are for our full-time program.



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2024-2025 TUITION & FEES

****Registration fee (non-refundable) \$100.00 - DUE AT TIME OF ENROLLMENT****

| Gross Household Income | YMCA Scholarship | Infant 6 wks–15 mos. | Toddler 16–24 mos. | Pre School 1 2 yrs. | Pre2/PreK 3–5 yrs. |
|------------------------|------------------|-------------------------|-----------------------|------------------------|-----------------------|
| \$35,000 or less | | * | * | * | * |
| \$35,001 - \$60,000 | 30% | \$245 | \$213.50 | \$164.50 | \$157.50 |
| \$60,001 - \$85,000 | 20% | \$280 | \$244 | \$188 | \$180 |
| \$85,001 or more | | \$350 | \$305 | \$235 | \$225 |

***Please contact your local Department of Social Services or visit go2grow.org to apply for subsidized childcare opportunities.**

Note: Income in all categories (except \$85,001 or more) must be verified by providing a copy of your most recent tax return and documentation of all sources of income. Examples include unemployment, SNAP, TANF, Social Security, disability, spousal/child support, etc.

Payment: The YMCA Early Learning Center operates solely on tuition fees so please ensure payments are made promptly. Tuition reminders and accounts due are the sole responsibility of the parent and reminders are not sent out unless payments are overdue or a return/late fee has been added to an account. **All payments are due on Monday each week. A \$25.00 fee will be added for all returned or late payments. Children will not be allowed to return on Monday if payment is not received for the previous week. Spots will only be held for 2 weeks due to non-payment.**

Absence Policy: Tuition must be paid even if the child is absent. This includes days when the child is ill, bad weather closings, holidays, and vacations.

Late Pick Up Fee: A **\$5.00 per minute**/per child fee will be assessed after 5:30pm. This fee will be paid directly to the front desk at the time of pick-up. Your child will not be allowed to return until the fee is paid.

Center Closings:

September 2nd – Labor Day
November 11th – Veteran’s Day (Teacher Workday)
November 28th-29th – Thanksgiving
December 24th-25th – Christmas
January 1st – New Year’s Day

January 20th – Martin Luther King Day
February 17th – President’s Day (Teacher Workday)
May 25th – Memorial Day
June 19th – Juneteenth
July 4th – Independence Day



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APPLICATION FOR ADMISSION

To register your child, please fill out the registration form below and attach the \$100 registration fee to your paperwork. We also require a copy of your child’s birth certificate, most recent physical, and a copy of their most recent immunization records. Please hand this to the front desk for processing.

Please check the classroom below based on your child’s age.

Desired Start Date: _____

- _____ Infant (6 weeks – 15 months)
- _____ Toddler (16 months – 24 months)
- _____ Pre-1 (2 years)
- _____ Pre-2 (3 years)
- _____ Pre-K (4-5 years)

| | |
|--|--|
| Health Form MCH 213C (Physical/Immunization Form) must be completed by your child’s doctor. | |
| Registration Form | |
| Registration Fee | |
| Handbook Sig. Page | |
| Birth Certificate | |
| Physical (w/i past year) | |
| Immunization Record | |
| CACFP Forms | |
| | |
| Date Received | |

If applicable, please select the appropriate subsidy/scholarship category for your enrollment:

- _____ Department of Social Services _____ Mixed Delivery Program
- _____ YMCA Scholarship (If Y Scholarship, _____ 20% or _____ 30%)

| Student Information | | |
|---|---|----------------|
| Last Name | First Name | Middle Initial |
| Nickname | Home Phone | Male or Female |
| Street Address | City/State | Zip Code |
| Enrollment Date | Date of Birth | Age |
| Has your child ever been enrolled at another preschool or child care center? If so, what was the name of the school/center? | | |
| List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency: | | |
| List chronic physical problems and pertinent developmental information and any special accommodations needed. Does your child have an IEP or attend therapy for any reason? | | |
| Physician’s Name | Physician’s Phone | |
| Child’s T-shirt Size | Who has Legal Custody*: <i>*Must provide documentation if applicable</i> | |



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| Parent Information | | |
|--------------------|---------------|----------------|
| Parent/Guardian 1 | Employer | Business Phone |
| Street Address | City/State | Zip |
| Email Address | Date of Birth | Cell Phone |
| | | |
| Parent/Guardian 2 | Employer | Business Phone |
| Street Address | City/State | Zip |
| Email Address | Date of Birth | Cell Phone |

| Emergency Contacts | | |
|--|-----------------------|-------|
| <p>In case of emergency and parents cannot be reached, please contact: (We require <u>two</u> different contacts other than the information listed for parents that live in separate households. The emergency contacts listed must also be listed under authorized pick-up.)</p> | | |
| Name | Relationship to Child | Phone |
| Street Address | City/State | Zip |
| | | |
| Name | Relationship to Child | Phone |
| Street Address | City/State | Zip |

| Authorized Pick-Up | | |
|--|-----------------------|-------|
| <p>Who is authorized to pick up your child from school? We require I.D. when picking up a child and names must be on our list—if you need to add someone, please give a written note to the teacher.</p> | | |
| Name | Relationship to Child | Phone |
| Name | Relationship to Child | Phone |
| Name | Relationship to Child | Phone |



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Agreement

Please read and initial each statement.

- _____ The center agrees to notify me, the parent/guardian, whenever the child becomes ill and I the parent/guardian will arrange to have the child picked up within the hour if requested by the center.
- _____ I the parent/guardian, will inform Piedmont Family YMCA within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. Any child with COVID like symptoms may be turned away or require testing to return.
- _____ I the parent/guardian, authorize the center to obtain immediate medical care if any emergency occurs during which I the parent/guardian cannot be located immediately. State regulation does this unless the parent states an objection to the provision of such care on religious or other grounds.
- _____ I the parent/guardian, agree to provide the center with all required documents referenced in this packet prior to my child attending.
- _____ I the parent/guardian, agree that payment for childcare is due in advance each week on Monday. Payments must be made, regardless if the child attends. A \$25.00 fee will be applied to all returned or late payments.
- _____ I the parent/guardian, will give the center two weeks written notice before removing the child from the center.
- _____ I the parent/guardian, give permission for my child to be included in the YMCA photos and videos and I understand that these photos may be used for promotional use.
- _____ I the parent/guardian, give permission for my child to go on all field trips outside the YMCA facilities and to be transported on buses, which are operated by certified bus drivers (PreK class only).

Parent/Guardian Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA.

- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff or volunteers if a violation is discovered.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member or volunteer is there to receive and supervise my child.
- I understand that my child must be dropped off by **8:45am** each day unless notified in advance and that my child will not be allowed to leave the program with an unauthorized person.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have received a copy of the YMCA Early Learning Center Handbook/Parent Policies and Procedures. I have read and understand the statements above.

Parent's Signature: _____ **Date** _____



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ELECTRONIC PAYMENT AUTHORIZATION

In order to serve you better, our center has implemented a weekly electronic payment schedule for all parents. Each Monday, you will be automatically charged for that week's tuition to the debit/credit card on file.

Debit/Credit Card

Please Circle: Visa MasterCard Discover

Name of Account Holder: _____

Credit Card Account Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I agree to pay by automatic electronic payments and authorize Piedmont Family YMCA to charge the above referenced card each Monday to cover the weekly fees. I understand that this agreement will be in effect for the duration of the program and can be cancelled by sending a written notice to Piedmont Family YMCA at least 2 weeks before the scheduled payment date.

It is my responsibility to notify the YMCA of any changes to my credit/debit card, including new card, new expiration date, etc. Any returned payments will be charged a \$25 return fee. Additionally, any unpaid balances must be resolved each Friday before your child can return to school on the following Monday.

Child's Name: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

**THANK YOU FOR CHOOSING THE YMCA TO FURTHER
ENRICH YOUR CHILD'S WORLD.**

