



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Y Wee Care Preschool Registration

**LEARN  
GROW  
THRIVE**



**Fall 2018-Spring 2019**

Plattsburgh YMCA  
17 Oak Street Plattsburgh, NY 12901  
[www.plattsburghymca.com](http://www.plattsburghymca.com)

## Welcome to Y Wee Care

Y Wee Care is an early education program designed to provide a warm, supportive atmosphere to ensure that each child has the personal attention and stimulation needed at each point in his or her development. Our program focuses on enriching activities to help your child grow emotionally, socially, cognitively, and physically. Y Wee Care offers a well-rounded, fun, stimulating, and exciting time to a young child in a pleasing and caring environment. Our facility allows us the unique opportunity to provide aquatic and a variety of physical activities. Our experience, educated staff display high levels of character and personal standards.

### **Y Wee Care Goals:**

1. To provide a safe, warm, and comfortable environment where each child can build strong, positive relationships with adults and other children around him/her.
2. To provide opportunities for each child to develop his/her whole body through small and large muscle activities.
3. To give each child a stimulating and creative pre-school experience that provides him/her with a genuine desire to learn.
4. To respect each child as an individual with unique abilities, feelings, needs, and wants.
5. To develop positive self-concepts by creating an atmosphere geared to successful experiences.

## **School Sessions**

Y Wee Care will generally follow the same school calendar as the public-school system. We usually start in the second week of September and end in late May or early June. We are closed for two full weeks during Christmas. If public schools are closed due to inclement weather, the Y Wee Care program will also be cancelled for that day. A school calendar of vacation days will be available the first week of school.

### **Three years by March 1: (Class Limit – 12)**

Tuesday and Thursday mornings: 9:00 AM – 11:30 AM

Monday, Wednesday, Friday mornings: 9:00 AM- 11:30 AM

### **Four years by December 1: (Class Limit – 16)**

Monday, Wednesday, Friday mornings: 9:00 AM – 11:45 AM

Each class has one teacher and one assistant. The children are offered a variety of learning experiences throughout the morning. Exposure to early literacy includes shared reading, writing and language activities. Math readiness is learned through calendar activities, cooking activities and manipulative play. The children learn to be part of a group by practicing taking turns, sharing, making requests, stating feelings and collaborative problem solving. Other important parts of the curriculum include: Music and Song, Science and Nature, Dramatic and Block Play, Sensory and Manipulative Play, Large and Small motor tasks, and Skill Builders/Critical Thinking. Each child's individual learning goals are embedded in their natural play environment.

## **Aquatics**

Our children participate in half-hour swim classes weekly. Children are taught according to their skill level and previous experience in the water. Our primary goals are to help children become comfortable in the water, to encourage them to become independent, and develop some swimming skills. The lessons are taught by the aquatics staff. Parents are welcome to watch their child swim through the watching windows located on the first floor.

The children change in the family changing room, with their teacher and assistant to help provide assistance and to provide encouragement to the children to learn to change independently.



**Physical Education**

All Y Wee Care children enjoy a weekly physical education class. Development of the following skills is stressed: listening, following directions, hand-eye coordination, imaginative movement, movement to music, large and small muscle skills and balance skills. We accomplish this through exercise, dance, group games, ball, rope, bean bag games, free play, course movement and parachute activities. All classes emphasize fun and safety.

**Tuition**

**There is a \$50 non-refundable registration fee due at the front desk at the time of enrollment.**

Tuition payments are due monthly on the first school day of each month. Payment should be made to the Front Desk with checks made payable to the YMCA. School costs are computed for a fixed enrollment over the entire year, therefore, the payment of fees is required whether a pupil is present or absent. Holidays, short months, etc. are all taken into account and tuition is divided into nine equal payments. **A late fee of \$25 will be added to any tuition paid after the 15<sup>th</sup> of each month.**

<b>Tuition for 2018-2019</b>			
		<b>Members</b>	<b>Non-Members</b>
(3's) Tues & Thurs.:	9:00 AM – 11:30 AM	\$135	\$180
(3's) Mon., Wed., Fri.:	9:00 AM - 11:30 AM	\$160	\$205
(4's) Mon., Wed., Fri.:	9:00 AM – 11:45 AM	\$160	\$205

**Registration**

Students already enrolled in Y Wee Care have first chance for re-enrollment and first choice of classes offered. All others will be registered on a first come, first serve basis. We suggest you make a selection of classes being offered in order of preference. We will attempt to fulfill your first choice; however, a second choice helps to ensure a place in the program. Your child will be placed on a waiting list if the sessions you selected are filled. Parents are welcome to visit Y Wee Care at any time. For more information, contact Stephanie Purcell at the YMCA, 562-2309 (Y Wee Care) or 561-4290 (Y Front Desk).

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## **Healthy Living**

Each family is responsible for providing a variety of healthy snacks for the class on a rotating basis. A list of suggested snacks will be sent home at the beginning of the year. Although not encouraged, special treats are accepted on birthdays or holidays. A snack calendar will be provided each month.

## **Enrollment**

Pupils will be accepted on the following basis:

- A. The child successfully meets health requirements as prescribed by the New York Department of Public Health requirements.
- B. The child is able to participate in all normal school activities.
- C. The child meets all age requirements.
- D. The child is toilet trained and able to take care of own bathroom needs.

## **Health Regulations**

**Health Records must be turned at the same time as the registration.** No child's registration shall be complete until we have received a physician's certificate based on physical examination stating that the child is free from disease and that he or she has been satisfactorily immunized according to New York State Health requirements (unless there is a medical or other reason why this should not be done). The physician's certificate shall also state the presence of any condition affecting the general health of the child and may include any information/suggestions that will be helpful to the Y Wee Care staff. All completed forms must be turned in to the Y Wee Care Director at the same time of registration.



**Y Wee Care  
Preschool Application  
2018-2019**

Staff Name \_\_\_\_\_ Date Paid: \_\_\_\_\_

\*\*\*\*\*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Nickname: \_\_\_\_\_ Circle One: Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other children in Family**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Names of two people to be contacted in an emergency (other than parents):**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency, I give my permission for the YMCA to contract my physician or seek emergency medical care for my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Personal Information

Are you a member of the YMCA?      YES                      NO

Does your child have any allergies? (Please list) \_\_\_\_\_

Has your child had any swimming experience? \_\_\_\_\_

Is this your child's first preschool experience? \_\_\_\_\_

What are your goals for your child attending Y Wee Care?

\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite activities and interests?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any strong fears?

\_\_\_\_\_

Does your child have any problems we should be aware of?

\_\_\_\_\_

Does your child dress himself/herself? \_\_\_\_\_

Is your child right-handed or left-handed?      YES                      NO                      NO PREFERENCE YET

Parent volunteers are an important part of our program. Would you be able to assist us in any way?

1. Field trips: YES                      NO
2. Volunteer in classroom: YES                      NO
3. Special talent that would be useful in classroom: YES                      NO
4. Come in and read a story: YES                      NO
5. Other : YES                      NO

#### **Registration**

**I wish to enroll my child \_\_\_\_\_ in the Y Wee Care Preschool Program and understand that I have a financial obligation to the YMCA for Sept-May (9 equal monthly payments).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Y Wee Care Preschool**  
 Enrollment Fees  
 2018-2019  
 \$50 registration fee  
 \* Registration fee is *non-refundable*

**Child's Name:** \_\_\_\_\_

Program Preference

The following will be offered if enrollment allows:

Three (3) years by March 1 <b>(No exceptions)</b>	Member	Non-Member	
____ Tues. & Thurs.: 9:00 AM – 11:30 AM		\$135	\$180
____ Mon., Wed., Fri.: 9:00 AM - 11:30 AM		\$160	\$205
Four (4) years by December 1 <b>(No exceptions)</b>			
____ Mon., Wed., Fri.: 9:00 AM – 11:45 AM		\$160	\$205

**Yearly tuition is divided into 9 equal monthly payments beginning in September and ending in May**

Swim and Gym classes are a part of the Y Wee Care Program. Qualified instructors will be present at all times and classes will be supervised in a manner which will assure the safety of all children. I give my permission for my child to participate in swim and gym.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Field trips will be taken either by car (parents meet us at location with their child) or walking to nearby places. I give my permission for my child to go on Y Wee Care field trips including to the Public Library for story hour each month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **do/do not** give consent for my child \_\_\_\_\_ to be photographed for Y Wee Care use (class books, bulletin boards, etc.) and YMCA Facebook/newsletter/flyers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **do/do not** wish for my child \_\_\_\_\_ to be photographed and interviewed by the Press.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my consent for my name, address, and telephone number to be printed as a class list and distributed **only** to Y Wee Care families: YES NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Y Wee Care Preschool  
Health Record  
2018 -2019**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please record dates:

Ear Infections \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_  
Convulsions \_\_\_\_\_ Allergies \_\_\_\_\_  
Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_

Chronic or recurring illness \_\_\_\_\_

List of medications your child must take \_\_\_\_\_

**Immunization History**

NYS Law requires immunization of all school children. Evidence or immunizations must show dates for at least 3 does of Diphtheria vaccine, 3 doses of TOPV or 4 doses of IVP, measles, mumps, rubella, and HIB vaccination. Immunizations must be verified by a physician or valid shot record. Disease history or medical exemption must be confirmed by a physician. Please fill out or attach immunization records.

Diphtheria – DPT/Td \_\_\_\_\_  
Polio – TOP/IVP \_\_\_\_\_  
Measles (Vaccine or MD Diagnosis) \_\_\_\_\_  
Mumps (Vaccine or MD Diagnosis) \_\_\_\_\_  
Rubella (Vaccine or MD diagnosis) \_\_\_\_\_  
HIB (Haemophilus Influenzae Type B) \_\_\_\_\_  
Hepatitis B \_\_\_\_\_  
Lead Level \_\_\_\_\_ Date Taken: \_\_\_\_\_  
Varicella (Chicken Pox) \_\_\_\_\_

**Medical Statement**

I certify that this child, \_\_\_\_\_, is in good health, free from any communicable disease and is able to participate in all aspects of the Y Wee Care program, including gym and swim instruction.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Treatment Permission:**

In the event that I, \_\_\_\_\_, cannot be reached, I give my permission for my  
Parent/Guardian  
son/daughter, \_\_\_\_\_, to receive emergency treatment by the CVPH Medical  
Center Personnel in Plattsburgh, NY.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Health record must be completed and turned in to Y Wee Care at the same  
time as registration**

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