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www.myplace-aplc.com

My Place at Watkins Glen Elementary School 2018-2019 Registration and Tuition Information

Welcome and thanks for checking out My Place. We are pleased to announce that our team will be partnering with your family to provide before and after school care for the Watkins Glen Elementary students! Attached you will find a 2018-2019 registration packet for care. Please complete one registration packet per child. Please return the registration forms and non-refundable \$25.00 (\$40.00 per family) registration fee to: My Place, 208 W. Broadway St. Montour Falls, NY 14865. An updated parent handbook will be provided to you at the beginning on the school year.

Program Hours

Before School: 6:30 am- start of school

Location: Elementary School Cafeteria #1

Admin Office Hours: 8am – 10am

After School Program Hours: (school release) 2:35 pm-6pm

Location: Elementary School Cafeteria #1

Program Fees

Before School:

\$80 per month full time (\$20.00/wk)/\$40 per month part time (3 days a week) * \$55 per month for each additional child

After School Full Time:

\$230 per month for the 1st child (\$57.50/wk) * \$180 per month for each additional child

After School Part Time (3 days per week)

\$170 per month for the 1st child (\$40.00/wk) * \$145 per month each additional child

Program tuition has been averaged for the school year; billing is based on 180 school days and then divided into 10 equal payments. Every month you pay 1/10th of your yearly total before and after school care, regardless of the number of school days actually occurring in that month. Tuition is based on enrollment not program attendance, a credit will not be issued if a child misses programming for any reason. There will be an extra fee for full day and half day care as well as holiday programming for participating children.

Tuition Includes: Afternoon snack and all program related care and activities.

Subsidy: My Place accepts childcare subsidies. Please contact your local DSS for more information. Schuyler County Department of Social Services: 607-535-8303.



Application for Enrollment

Child's Name: _____ Date of Birth: _____

Son / Daughter (please circle) Grade entering in Fall: _____

Guardian 1 Information: Guardian 2 Information:

Name: _____ Name: _____

Address: _____ Address: _____

Phone Carrier (to receive text): _____ Phone Carrier (to receive text): _____

Cell phone: _____ Cell phone: _____

Work phone: _____ Work phone: _____

Email address: _____ Email address: _____

Place of employment: _____ Place of employment: _____

Is there any special custody arrangements or Orders of Protection for the child? Yes No

(If yes, please provide a copy of the court order)

Are you interested in volunteering at the program? Yes No

Do you currently have a child enrolled here? Yes No

Have you ever had a child enrolled at My Place? Yes No

Full Time (5 days/per week) Part Time (3 days/per week)

Start Date Requested: _____

Before School: yes/no Days of the Week Requested: M T W Th F

After School: yes/no Days of the Week Requested: M T W Th F

How did you hear about us?

Our Website Online Search Employer

Friend/Family - Name: _____ Other : _____

Emergency Contacts: Please list the names of three adults other than yourself who may pick up your child from the program without a note and who will be an emergency contact person

Name	Primary Contact Phone	Secondary Phone #	Relationship to Child



2018-2019 Application for Enrollment

Parent initials are required in each box:

In case of an accident, injury, or medical emergency when parents and emergency contacts cannot be reached the Program may authorize emergency medical treatment and/or transportation to the nearest hospital. I understand and consent to this policy.

I give permission for my child to take part in community field trips (i.e. library, playground, park, ect.) away from the facility under proper supervision. Please circle: yes no

I give permission to photograph my child during program activities. These photos may be used for center promotions and publication.

Children's Name: _____

Does your child have any allergies, medical conditions or long term or permanent disabilities?

Allergies: _____

Medical Conditions: _____

Have a prescribed Epi-Pen _____ or a prescribed Inhaler _____

Disabilities: _____

Diet habits, activity restrictions, behavior concerns: _____

I consent to the enrollment of the child listed above. I agree to pay to monthly/weekly tuition by the 1st of every month or Monday of every week. I have submitted the non-refundable application fee of \$25.00 (or \$40 per family) with this enrollment application

Parent/Guardian Signature: _____

Date Signed: _____

Office Use:

Date Received: _____ Amount Received: _____ Staff Initials: _____

Payment type: **Check** (payable to My Place) Check #: _____ **Cash**