My Place at Watkins Glen Elementary School
2019-2020 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 2019-2020 registration packet. Please complete one registration packet per child. Please return the registration forms and non-refundable $25.00 for single child or $40.00 per family registration fee to: My Place, 208 W. Broadway St. Montour Falls, NY 14865. An updated parent handbook and emergency closing procedures will be provided to you at the beginning of the school year.

Program Hours
Before School: 6:30 am- start of school
Location: Elementary School Cafeteria #1
After School Program Hours: (school release) 2:35 pm-6pm
Location: Elementary School Cafeteria #1

Before School Fees:
Full Time: $88 per month for first child ($22 per week), $70 for each additional child ($17.50 per week)
Part Time: $44 per month for first child ($11.00 per week), $35 for each additional child ($8.75 per week)

After School Fees:
Full Time: $256 per month for first child ($64 per week), $205 for each additional child ($51.25 per week)
Part Time (3 days or less): $188 per month for first child ($47 per week), $150 for each additional child ($37.50 per week)

School Vacation Care Fees:
When there is sufficient demand and availability of space for care, care will be offered on days when school is closed.
Half Days: $25 for first child, $20 each additional child (includes lunch and snack)
Full Days: $37 for first child per day, $30 each additional child (includes breakfast, lunch, and snack)

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) Current Grade: ________

Guardian 1 Information:
Relationship to child: ___________________
Name: _______________________________
Address: ___________________________
Cell phone: ___________________________
Text: [ ] Yes [ ] No
Work phone: ___________________________
Email address: _______________________
Place of employment: ___________________

Guardian 2 Information:
Relationship to Child: ______________
Name: _______________________________
Address: ___________________________
Cell phone: ___________________________
Text: [ ] Yes [ ] No
Work phone: ___________________________
Email address: _______________________
Place of employment: ___________________

Are 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

Does your child(ren) receive reduced lunch? [ ] Yes [ ] No

Does your child(ren) receive free lunch? [ ] 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

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<tr>
<th>Name</th>
<th>Primary Contact Phone</th>
<th>Secondary Phone #</th>
<th>Relationship to Child</th>
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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, etc.) 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 monthly/weekly tuition by the 1st of every month or Monday of every week. Please submit the non-refundable application fee of $25.00 (or $40 per family) in person to the center in Montour or to Kim Seaman – Director of My Place at Watkins during program hours or mail to 208 W Broadway, Montour Falls, NY 14865. The school cannot take any payments, so please do not send them in with your child. Thank you!

Parent/Guardian Signature: ______________________________________________________

Date Signed: __________________________________________________________________

Office Use:

______________________________________________________________________________

Date Received: ____________________ Amount Received: ___________ Staff Initials: __________

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

208 W. Broadway Street, Montour Falls, New York 14865
My Place at Watkins Director 607.207.7419 or 607.535.8908