



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER CHARLOTTE: 2019-2020 PRESCHOOL PROGRAM

YMCA of Greater Charlotte Preschools help children ages 1 – 5 bloom, blossom and grow! We focus on developing the whole child – physically, emotionally, socially and academically – in an age-appropriate early-learning environment. Our experienced early childhood educators provide a warm and secure atmosphere with five areas of focus to help kids meet and exceed developmental milestones: learning, life skills, healthy habits, socialization and fine & gross motor skills.

REGISTRATION INFORMATION

Payment Policies

Member/Program Participant rates are determined based on the child's YMCA membership status. All balances must be paid in full in order for a child to attend. If your membership status or program adjusted rate changes before or during the school year, your monthly payment will be adjusted accordingly.

Registration and Supply Fees

Registration fees and supply fees are due at the time of registration and are non-refundable.

Registration fee per child: \$75 for Members and \$100 for Program Participants.

Supply fee per child: \$75 for Members and \$100 for Program Participants.

Program Adjustment Rate

As part of our My Y Pricing rate structure, an adjusted program rate is available to all who qualify. Both Members and Program Participants must provide income verification at the Sales and Service Desk in order to receive an adjusted program rate.

Payment Options

Debit/Credit Card Draft: Monthly drafts will occur on the 15th of the month beginning on 8/15/19 and ending on 4/15/20 for 9 total payments.

If a draft is unpaid you are still responsible for that payment, subsequent attempts to draft for your payment will occur. A YMCA \$25 service charge will also be added. This is in addition to any service fee your BANK/CREDIT CARD may charge.

Pay in full at time of registration.

Bank Draft: Monthly drafts will occur on the 15th of the month beginning on 8/15/19 and ending on 4/15/20 for 9 total payments.

Late Payment Policy

Monthly payments received after the scheduled due dates will be charged an additional \$25 fee.

Cancellation/Transfer Policy

Cancellations or withdrawal from the preschool program will require a 15 days written notice. Parents will be responsible for paying for all days of service through the end of the 15 day notice period.

Registration Dates

A participant's registration is processed on a first-come basis according to Member (Feb 1) and Program Participant (Feb 15) registration dates.

Registration Checklist

The following items must be completed and turned in at the time of registration:

- Preschool Registration Form (including medical information and immunization dates)
- Payment in full for Registration and Supply Fees
- Monthly payment draft enrollment form

Please note: Class placement for most offerings is based on participant's age as of August 31, 2019. For Transitional classes, placement is based on participant's age as of December 1, 2019. We follow the Charlotte-Mecklenburg School guidelines for appropriate Kindergarten placement. Please contact the Preschool Director regarding specific questions about your child's appropriate classroom placement.

FOR MORE INFORMATION ABOUT OUR PRESCHOOL PROGRAM, PLEASE CONTACT:

Meaghan Hinckley | Director of Early Childhood Development | 704 716 6851 |
meaghan.hinckley@ymcacharlotte.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HARRIS YMCA

2019-2020 Harris Preschool Academy's Payment Schedule

Please keep this copy for your records.

Registration Fee - \$75/\$100*

Preschool Supply Fee - \$75/\$100

(Single Day class- \$30/\$40* Reg. fee, \$25 Supply fee)

All of the above are due at time of registration.

The Monthly Cost of preschool will be drafted on the below dates.

August 15, 2019
September 15, 2019
October 15, 2019
November 15, 2019
December 15, 2019
January 15, 2020
February 15, 2020
March 15, 2020
April 15, 2020

LATE PAYMENTS:

Tuition received after the scheduled due date will result in a \$25 late fee. Failure to pay late tuition by the 1st of the next month will result in termination from the program.

CANCELLATION POLICY:

There is a 15 day written notice required for cancellation of the Harris Preschool Academy program. Prorated tuition will be refunded after the 15 day time period, from the date of notification. Registration and activity fees are non-refundable.

PROGRAM RATE ADJUSTMENT:

As part of our My Y Pricing rate structure, Adjusted Program Rate is available to all who qualify. Both Members and Non-Members **must** provide income verification at the Member Service Desk in order to receive an adjusted program rate. Note: All program rate adjustments are subject to branch-specific, program-specific caps. Standard rates are set by each individual branch.

QUESTIONS ABOUT PAYMENT:

Please contact Emily Keziah at emily.keziah@ymcacharlotte.org during the hours of 9:00 AM - 5:00 PM, Monday-Friday. Thank you.

*YMCA Member/Program Participant Registration Fee

YMCA OF GREATER CHARLOTTE PRESCHOOL REGISTRATION FORM

SELECT YOUR BRANCH:

- Harris YMCA
- Johnston YMCA
- Lake Norman YMCA
- Lowe's YMCA
- Morrison YMCA
- Sally's YMCA
- Brace Family YMCA
- Steele Creek YMCA
- Keith Family YMCA

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Gender: Male Female

Primary Phone: _____ [CIRCLE ONE: HOME WORK CELL]

Email and text message are our preferred form of communication. All electronic communications should be sent to:

Primary Email: _____ Cell Phone: _____

Secondary Email: _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

1. Parent/Guardian (Primary) _____
DOB _____ / _____ / _____
Relationship to Child _____
Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]
Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]
Email _____

2. Parent/Guardian (Optional) _____
DOB _____ / _____ / _____
Relationship to Child _____
Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]
Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]
Email _____

Two emergency contacts are mandatory (other than parents/guardians) for each child. Please also include the names of individuals who you authorize to pick up your child from PRESCHOOL.

1. Emergency Contact _____
Can Pick-up child: Yes No
Relationship to Child _____
Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]
Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

2. Emergency Contact _____
Can Pick-up child: Yes No
Relationship to Child _____
Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]
Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

3. Emergency Contact _____
Can Pick-up child: Yes No
Relationship to Child _____
Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]
Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

4. Emergency Contact _____
Can Pick-up child: Yes No
Relationship to Child _____
Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]
Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

Last Name: _____ First Name: _____ MI: _____

EMERGENCY CONTACTS CONTINUED

5. Emergency Contact _____

Can Pick-up child: Yes No

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

6. Emergency Contact _____

Can Pick-up child: Yes No

Relationship to Child _____

Phone 1 _____
[CIRCLE ONE: HOME WORK CELL]

Phone 2 _____
[CIRCLE ONE: HOME WORK CELL]

PARTICIPANT INFO/MEDICAL INFORMATION

Health Insurance Carrier: _____ Health Insurance Group #: _____

INSURANCE AND MEDICAL INFORMATION:

Is participant covered by insurance: Yes No

PREFERRED PROVIDER:

Primary Physician (First/Last Name): _____ Phone: _____

Preferred Hospital: _____

My child is exempt from required immunizations due to medical or religious reasons.

IMMUNIZATION DATES*

Date of last DTP (Diaphtheria, Pertussis, Tetanus) _____

Date of last Tetanus _____

Date of last MMR (Measles, Mumps, Rubella) _____

Date of last Polio _____

Date of last Hib (Haemophilus influenza type b) _____

Date of last Hep B (Hepatitis B) _____

Date of last Varicella (Chickenpox) _____

Is the Member/Participant currently taking prescription/over the counter medications? Yes No

List Medication/Dosage/Purpose: _____

Any condition requiring special care? Yes No

(e.g. Diabetes, Gastrointestinal, Motor Disorder, Seizures, ADHD, Autism, Cognitive Disorder, Asthma, etc.)

If yes, please specify: _____

Has the Member/Participant had surgeries, illnesses, or any severe injuries? Yes No

If yes, please specify: _____

Please provide information we may not have asked that you feel is important for us to know as we incorporate your child into our program: _____

Does the Member/Participant have allergies? Yes No (e.g. food, medication, seasonal, etc.)

Describe all known allergies in detail: _____

Does Member/Participant have dietary restrictions? Yes No

Explain Dietary Restrictions: _____

Last Name: _____ First Name: _____ MI: _____

**YMCA of Greater Charlotte
Release of Waiver of Liability And Indemnity Agreement**

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-ups.

I expressly agree that this RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

Parent Name: _____ Parent Signature: _____ Date: _____

**Parent or Guardian Additional Agreement
(Must be completed for participants under the age of 18)**

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Name: _____ Parent Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**2019-2020 HARRIS PRESCHOOL ACADEMY
DEBIT/CREDIT AUTO-PAYMENT ENROLLMENT FORM**

Child's Name: _____ D.O.B: _____

Program Name: _____

Enrolling in our Automatic Processing through Debit/Credit Card Draft is **MANDATORY**. You must complete the authorization form below and return it with your registration packet. After returning this to us, your account will be activated and all subsequent bill payment will be automatically deducted from your debit or credit card account. All drafts take place on the **15th of each month, up until the last month of preschool for the school year. The first draft will be August 15, 2019.**

PAYMENT INFORMATION I hereby authorize the YMCA to initiate debits from the BANK/CREDIT CARD information provided to the YMCA at the time of sign up. The authority is to remain in effect until YMCA has received 15 days written notification from me of the termination of this agreement, or until the YMCA or BANK/ CREDIT CARD has sent me 15 days written notice of the YMCA's or BANK/CREDIT CARD's termination of the agreement. The YMCA will send a 15- day notification of any change in the amount to be drafted. Should my program draft not be honored by my BANK/CREDIT CARD for any reason, I realize that I am still responsible for that payment and subsequent attempts to draft my account for past due balances, including a YMCA \$25 service charge. This is in addition to any service fee my BANK/CREDIT CARD may make.

For additional information or questions about payment, please contact Emily Keziah at 704 716 6813, emily.keziah@ymcacharlotte.org.

Please Print Legibly

Parent's Name: _____
(First) (M.I) (Last)

Child(ren)'s Name: _____

Address: _____
(Street) (City) (State) (ZIP)

Home Phone: _____ Cell Phone: _____

Email Address: _____

DEBIT/ CREDIT CARD TYPE: VISA MC DISC AMEX

LAST 4 DIGITS OF ACCOUNT # _____ EXP _____

Amount to be Charged Monthly: \$ _____

I understand and accept the payment policies as described above and I agree to have Harris Preschool Monthly Tuition Drafted on the 15th of each month during the Preschool Year.

Signature

Date

Please check one and/or list preference of class for your child (if applicable).
If first preference is full you will automatically be registered for the class time that is available.

TODDLERS (16 months - 23 months)

Child must turn 16 months by August 31, 2019

DAY	COST*
TUE/THUR 9:15 AM - 1:00 PM	Monthly \$220/285** Annual \$1980/2565

2 YEAR OLDS

Child must turn 2 by August 31, 2019

DAY	COST*
TUE/THUR 9:15 AM - 1:00 PM	Monthly \$225/290** Annual \$2025/2610
MON/WED/FRI 9:15 AM - 1:00 PM	Monthly \$260/336** Annual \$2340/3028

SPANISH IMMERSION PRESCHOOL 2's

Child must turn 2 by August 31, 2019

DAY	COST*
TUE/THUR 9:15 AM - 1:00 PM	Monthly \$235/305** Annual \$2115/2745

TRANSITIONAL 3's

Child must turn 3 by December 1, 2019

DAY	COST*
MON/WED/FRI 9:15 AM - 1:00 PM	Monthly \$265/345** Annual \$2385/3105

3 YEAR OLDS

Child must turn 3 by August 31, 2019

DAY	COST*
TUE/THUR 9:15 AM-1:00 PM	Monthly \$230/295** Annual \$2070/2655
MON/WED/FRI 9:15 AM - 1:00 PM	Monthly \$270/350** Annual \$2430/3150

SPANISH IMMERSION PRESCHOOL 3's

Child must turn 3 by August 31, 2019

DAY	COST*
MON/WED/FRI 9:15 AM - 1:00 PM	Monthly \$285/370** Annual \$2565/3330

TRANSITIONAL 4's

Child must turn 4 by December 1, 2019

DAY	COST*
TUE - FRI 9:15 AM - 1:00 PM	Monthly \$295/380** Annual \$2655/3420

4 YEAR OLDS

Child must turn 4 by August 31, 2019

DAY	COST*
MON - THUR 9:15 AM - 1:00 PM	Monthly \$300/390** Annual \$2700/3510
MON - FRI 9:15 AM - 1:00 PM	Monthly \$321/415** Annual \$2890/3735

SPANISH IMMERSION PRESCHOOL 4's

Child must turn 4 by August 31, 2019

DAY	COST*
MON - THUR 9:15 AM - 1:00 PM	Monthly \$320/415** Annual \$2880/3735

TRANSITIONAL KINDERGARTEN

Child must turn 5 by December 1, 2019

DAY	MONTHLY COST*
MON - FRI 9:15 AM - 1:00 PM	Monthly \$335/435** Annual \$3015/3915

MARVELOUS MONDAYS

2- 3 Years

**Every Monday during the school year
9:15 AM—1:00 PM**

Preschool Student Add On	Monthly \$60/76** Annual \$540/684
Non-Preschool Student	Monthly \$110/140** Annual \$990/1260

SPANISH IMMERSION FRIDAY

2 - 5 Years

Preschool Student Add On	Monthly \$85/110** Annual \$765/990
Non-Preschool Student	Monthly \$120/155** Annual \$1080/1395

**FABULOUS FRIDAY *includes weekly
Gymnastics class**

3 - 5 Years

**Every Friday during the school year
9:15 AM—1:00 PM**

Preschool Student Add On	Monthly \$85/110** Annual \$765/990
Non-Preschool Student	Monthly \$120/155** Annual \$1080/1395

*Monthly charges will be drafted August 2019-April 2020

*Monthly draft rates will be adjusted if registration takes place after August 15th, 2019.

**YMCA Member / Program Participant Monthly Cost