

My Place at Watkins Glen Elementary School 2021-2022 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 after school care for the Watkins Glen 2021-2022 Elementary students! Attached you will find a 2021-2022 registration packet for care. Please complete one registration packet per child. An updated parent handbook will be provided to you at the beginning of the school year. Below is a 2021-2022 program snapshot!

Program Hours

After School Program Hours: (school release) 2:15 pm-6pm

Location: Elementary School Cafeteria

After School Full Time: \$276 per month for the 1st child * \$254 per month for each additional child. (\$69/\$63.50 when billed weekly)

After School Part Time (3 days per week) \$225 per month for the 1st child * \$207 per month each additional child. (56.25/51.75 when billed weekly)

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 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

2021-2022 Application for Enrollment

Child's Name: _____ Date of Birth: _____
Son / Daughter (please circle) Grade entering in Fall: _____

Guardian 1 Information:

Name: _____
Address: _____

Guardian 2 Information:

Name: _____
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: _____

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

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.

Primary Contact: _____ Phone: _____

Secondary Contact: _____ Phone: _____

Tertiary Contact: _____ Phone: _____

Full Time (5 days/per week)

Part Time (3 days/per week) Circle Days: M T W Th F

Start Date Requested: _____

Would you like additional information about care for school vacation weeks?

___ Winter Break Dec 27- Jan 31

___ February Break Feb 21- Feb 25

___ April Break April 11-April 15

Cost for Full Day Vacation Week will be \$185 for the week or \$47 per day. Enrollment will be limited please let us know if you plan to attend.

2021-2022 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 Initials: _____

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: _____

Please email info@myplace-aplc.org with any additional instructions or insights on how best to care for your child.

I consent to the enrollment of the child listed above. I agree to pay to be billed ___ monthly tuition or ___ weekly tuition by the 1st of every month or Monday of every week.

I have submitted the non-refundable application fee of \$25.00 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

207 E. 2nd St. Watkins Glen, NY 14891

Telephone 607.535.8908

Fax 607.535.4199

www.myplace-aplc.org