

My Place at Watkins Glen Elementary School Summer 2023 Registration and Tuition Information

Welcome back to another summer of fun in Schuyler County! We are pleased to continue partnering with Watkins Glen Elementary School again this year to offer a summer enrichment program for ages 4-12. As we are housed in Watkins Glen Elementary School, we will be following their school calendar which will allow us to be operating from June 26th- September 1st with the exception of the 4th of July. We are open from 7am-6pm. We offer full day care and half day care.

Tuition Includes: nutritious breakfast, lunch, and afternoon snack, swimming lessons, field trips, outdoor play, access to the school's gymnasium, as well as a variety of age-appropriate enrichment activities.

Days Per Week	Full Day (7-6)	Half Day (12-6)
1 Day	\$55	\$30
2 Days	\$110	\$60
3 Days	\$165	\$90
4 Days	\$220	\$110
5 Days	\$245	\$125

Tuition is based on enrollment not program attendance, a credit will not be issued if a child misses programming for any reason. To change your enrollment, you must inform the Assistant Director of My Place two (2) weeks in advance. Please email her at Noel.Wheaton@myplace-aplc.org for billing and payment information.

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

Attached you will find a 2022-2023 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 program.

Summer 2023 School Age Care Enrollment Agreement

Child's Name: _____ Date of Birth: _____

Grade entering in Fall: _____

Start Date Requested: _____

Please Initial Care Requested:

Full Time _____

OR

Part Time:

Mondays _____

Tuesdays _____

Wednesdays _____

Thursdays _____

Fridays _____

Guardian 1 Information:

Name: _____

Address: _____

Guardian 2 Information:

Name: _____

Address: _____

Cell phone: _____

Work phone: _____

Email address: _____

Place of employment: _____

Cell phone: _____

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)

Primary Language Spoken at Home? _____

Does your child need any accommodations? _____

Do you currently have a child enrolled here? Yes No

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 _____

If yes, please complete OCF5 6029 with your child's physician. A copy must be on file to provide care.

Developmental Accommodations: _____

Diet habits, activity restrictions, behavior concerns: _____

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: _____

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.

Please Circle YES NO Initials: _____

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