

## My Place at Watkins Glen Elementary School 2023-2024 Registration and Tuition Information

Welcome back to another wonderful school year in Schuyler County! We are pleased to continue partnering with Watkins Glen Elementary School again this year to offer wrap around care for students in PreK and up again this year. As we are housed in Watkins Glen Elementary School, we will be following their school calendar and offer care on early dismissal days as well in our school year package.

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

### **Program Hours**

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

Location: Room: Elementary Cafeteria

Pricing Includes all regular School Days including Early Dismissals

Days Per Week	Billed Monthly	Billed Weekly
1 Day	80	20
2 Days	152	38
3 Days	216	54
4 Days	288	72
5 Days	360	90

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. 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](mailto:Noel.Wheaton@myplace-aplc.org) for billing and payment information.

The school building is closed on Federal Holidays and weather related conditions, we will not be able to offer care. If the school chooses to cancel all after school activities children will be dismissed directly from school and the program will not operate that day.

School Conference Days will be billed separately at the cost of \$55 per day. Sign Ups will be done 4 weeks prior and space may be limited. Families currently enrolled will receive priority.

School vacation weeks will also be accepting a limited enrollment for \$245 or \$55 per day. Sign Ups will be held 4 weeks prior and space may be limited. Families currently enrolled will receive priority.

Subsidy: My Place accepts childcare subsidies. Please contact your local DSS for more information.

Schuyler County Department of Social Services: 607-535-8303

Attached you will find a 2023-2024 registration packet for care. Please complete one registration packet per child. An updated parent handbook will be provided to you at the beginning on the school year. Below is a 2022-2023 program snapshot!

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 OCFS 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: \_\_\_\_\_

Cost for Full Day Vacation Week will be \$245 for the week or \$55 per day. Enrollment will be limited please let us know if you plan to attend.

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

\_\_\_ Winter Break Dec 22- Jan 1  
\_\_\_ February Break Feb 19- Feb 23  
\_\_\_ April Recesses & Break Mar 29, April 1, April 22-26  
Official Sign Ups will occur 4 weeks prior.

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](mailto: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. 2<sup>nd</sup> St. Watkins Glen, NY 14891

Telephone 607.535.8908

Fax 607.535.4199

[www.myplace-aplc.org](http://www.myplace-aplc.org)