

2026-2027

School Age After Care Enrichment

My Place at Watkins Glen Elementary School



Registration and Tuition Information

Welcome back to another exciting school year in Schuyler County! We are delighted to continue our partnership with Watkins Glen Elementary School, offering after school programming to PreK-12 years of age. This year, we are thrilled to start year 3 through the OCFS LEAPS (Learning and Enrichment Afterschool Program Supports) Grant, which has allowed us to significantly reduce program costs while expanding our extracurricular offerings. Our goal is to support students' academic growth, social-emotional development, and foster strong connections with families and the community.

Program Hours: 2:20pm-6pm/ Monday-Friday

Location: 612 South Decatur Street Watkins Glen NY 14891

Room: Large Elementary Cafeteria (448) K+; PreK classroom (403)

Pricing: Pricing Includes all after school days; including half days. Billing will still be inquired in the event of an inclement weather closure. Billing is based off enrollment needs, not attendance.

PreK Students Pay Scale:

Days Per Week	Billed Monthly	Billed Weekly
1 Day	\$120	\$30
2 Days	\$240	\$60
3 Days	\$ 360	\$90
4 Days	\$480	\$120
5 Days	\$500	\$125

K+ Students Pay Scale:

Days Per Week	Billed Monthly	Billed Weekly
1 Day	\$48	\$12
2 Days	\$96	\$24
3 Days	\$144	\$36
4 Days	\$192	\$48
5 Days	\$200	\$50

Tuition is based on enrollment not program attendance and is due in instances of absences, holidays, vacations, staff training, unexpected or weather closings. To change your enrollment, you must inform the Program Director of My Place two (2) weeks in advance. Please email her at taylor.henry@myplace-aplc.org for billing and payment information.

- Tuition will be accepted in cash, check, cashier's check, money order, or through an ACH payment to Chemung Canal via the ProCare app.
 - Checks returned to the Center for insufficient funds will be assessed a \$40.00 service fee.
 - A pattern of receiving bad checks may require that all future payments be made by the other means identified above.
 - Payments overdue by 30 days will be assessed a late payment fee of 16% annually, 1.33% monthly.
 - Childcare services will be discontinued for any payments 60 days or more overdue.
 - If a financial problem arises, please contact the Program Director to work out a solution before payments are missed. My Place will make efforts to offer payment plans or other means to continue service.
- Assistant Director email: cassandra.ball@myplace-aplc.org

The school building is **closed** on Federal Holidays and in weather-related conditions, we will not be able to offer care. If the school cancels all after school activities, children will be dismissed directly from school, and the program will not operate that day. Billing costs will still be required.

Child Care Assistance Tuition Program: My Place does accept childcare subsidies. Please contact your local DSS for more information or scan the following QR code below.

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



Attached, you will find a 2026-2027 registration packet for care. Please complete one registration packet per child. An updated parent handbook and all necessary paperwork will be provided to you on the first day of the school year.

2026-2027 After School Care Enrollment Agreement

Child's Name: _____ **Date of Birth:** _____

Grade entering in Fall: _____ **Classroom Teacher:** _____

Start Date Requested: _____

Please Initial Care Requested:

☐ Full Time _____

OR

☐ Part Time:

Mondays _____

Tuesdays _____

Wednesdays _____

Thursdays _____

Fridays _____

Guardian 1 Information:

Name: _____

Address: _____

Cell phone: _____

Work phone: _____

Email address: _____

Place of employment: _____

Guardian 2 Information:

Name: _____

Address: _____

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 prior to attending.)

Does your child have an IEP or 504 Plan? ☐ Yes ☐ No

(If yes, please provide a copy of the plan prior to attending.)

Primary Language Spoken at Home? _____

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? ☐ Yes ☐ No **Explain:** _____

Medical Conditions? ☐ Yes ☐ No **Explain:** _____

Have a prescribed Epi-Pen? ☐ Yes ☐ No

Prescribed Inhaler? ☐ Yes ☐ No

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

Developmental Accommodations? ☐ Yes ☐ No **Explain:** _____

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: _____

Bussing & Field Trips: Do you give your child permission to ride the bus for special field trips or outings?

☐ Yes ☐ No

Do you give your child permission to join the group on field trips? (Clute park, state park pool, etc.)

☐ Yes ☐ No

If not, they will need to remain with another group that is staying on-site, or they may be unable to attend that day.

Any additional transportation details we must know?

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.

My child is **new** to My Place programming; therefore, 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 _____