

# 2026 Summer Enrichment My Place at Watkins Glen Elementary School

## Registration and Tuition Information

Welcome back to another exciting summer in Schuyler County! We are delighted to continue our partnership with Watkins Glen Elementary School, offering summer programming to PreK-12 years of age. This year, we are thrilled to wrap up year 2 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:** 7am-6pm Monday-Friday; excluding Friday, July 3<sup>rd</sup>.

**Location:** 612 South Decatur Street Watkins Glen NY 14891

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

**Pricing:** Pricing Includes all summer days (including if closed for inclement weather) Billing is based off enrollment needs, not attendance.

### PreK Students Pay Scale:

Days Per Week	Billed Monthly	Billed Weekly
1 Day	\$240	\$60
2 Days	\$480	\$120
3 Days	\$ 720	\$180
4 Days	\$960	\$240
5 Days	\$1,120	\$280

**K+ 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

**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](mailto: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](mailto: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 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 2025-2026 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 Summer School Age 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?

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**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.

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 \_\_\_\_\_