



# GENEVA FAMILY YMCA PRESCHOOL 2025 – 2026 School Year

## PARTIAL DAY PRESCHOOL

Geneva Family YMCA is committed to providing high quality early education for all eligible youth. Using [NYS Educational Standards and Curriculum](#), we aim to prepare our students for a lifetime of success beginning at their local YMCA.

## LOCATION & REGISTRATION

Preschool will be held at the newly renovated Geneva Family YMCA at 399 William Street! Registration for the 2025-2026 Partial Day Preschool Program opens April 1. Your child must be 3 years old by December 1, 2025 to participate in this year's YMCA preschool.

Day Group	Classes for 3 & 4 year olds
5 Day	Monday-Friday, 8 -11 am \$400/month. \$375 for YMCA members
3 Day	Monday, Wednesday, and Friday, 8 -11 am \$245/month. \$230 for YMCA Members
2 Day	Tuesday and Thursday, 8 -11 am \$185month. \$160 for YMCA Members

View or share  
this packet  
online!



Looking for more information on this year's program?  
email [ece@GenevaFamilyYMCA.org](mailto:ece@GenevaFamilyYMCA.org) or call (315) 789-1616



# FREQUENTLY ASKED QUESTIONS

## **WHEN DOES THE PROGRAM BEGIN?**

Preschool starts the week of September 8th, 2025!

## **WHAT DOES A TYPICAL DAY LOOK LIKE?**

Each class session will have several components including a greeting, time to put belongings away, table time, circle time, a review of the calendar and the weather, a discussion theme, and a project and/or activity for the day. Teachers will work with small groups doing guided activities.

Children engage in a variety of areas or activities in the classroom including the kitchen, dramatic play, building and transportation, library, arts and crafts, writing/drawing, puzzles and gross motor activities.

## **ARE SNACKS PROVIDED?**

Yes! Each child in the program will receive a healthy snack each day they're in the program. Please advise the staff if your child has any allergies or dietary restrictions.

## **WHAT GAMES DO CHILDREN PLAY IN THIS PROGRAM?**

All children will be included in active play, adventure center activities, and physical education time in the newly renovated YMCA gymnasium. Structured play is designed to help children develop social and emotional skills they can carry with them from the classroom to the gym. Songs, stories, fingerplays, arts and crafts, gym and gymnastics are all part of this fun experience!

## **DO THE CHILDREN SWIM?**

Swim Lessons are provided on Wednesdays for children enrolled in the 3 or 5-day program. The 2-day program does not include swimming.

## **ARE THERE DAYS WHEN THE PROGRAM IS CLOSED?**

The preschool program follows the Geneva City school district calendar. Program does not run on half-days and days when there is no public school.

## **WHAT SHOULD MY CHILD BRING TO THE PROGRAM?**

All children should bring a labeled backpack that can hold an 8.5x11 file folder, an extra change of clothes in a labeled gallon bag, a labeled water bottle, closed-toed shoes, and clothing comfortable for play. If they attend on Wednesdays, they will need swim gear, a towel, and goggles.

## **NOTE ANY OTHER QUESTIONS AND BRING THEM WHEN YOU VISIT!**

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# YMCA PRESCHOOL REGISTRATION



## THINGS TO KNOW ABOUT REGISTRATION AND PAYMENT

**Registration fee:** A \$40 non-refundable, non-transferable registration fee is due at the time of registration. This will hold your child's place for the academic school year.

**Rates:** The rate you pay per child is based on your YMCA membership status at the time of registration. For information about membership, visit [GenevaFamilyYMCA.org](http://GenevaFamilyYMCA.org) or contact David Michaels. For information about Preschool, contact Amy Wood. Both can be reached at 315-789-1616.

**Prepayment bonus:** If you pay in full for the program year, your child will receive one swim lesson, free. See the Swim Lesson Schedule for more details.

**Automatic Monthly Payment:** If selecting this option, you will be asked to submit credit card or bank draft information at the time of registration. Payments will be drawn from the linked account once a month, for 10 months, starting on the 1st or 15th of the month (your choice) beginning September, 2025.

Participants have the option of paying the balance in full at any time and discontinuing automatic payments. A minimum of 15 days' notice is required to process this request.

**Early withdrawal:** A 30 day written notice is required to withdraw a child from preschool programming. Usual fees will apply during the 30 days, regardless of the child's attendance.

## TIPS FOR A SUCCESSFUL EXPERIENCE

**Complete** the entire application.

**Include** your child's immunization records.

**Review** the Preschool Handbook (available in advance online and on location)

**Provide** credit card or bank draft information if you selected Automatic Payment.



# OTHER PRESCHOOL CONSIDERATIONS

## **WHAT SHOULD MY CHILD WEAR TO THE PROGRAM?**

Think comfortable! We like to stay busy and active.

## **WHAT HAPPENS ON SNOW DAYS?**

Our program abides by Geneva City School District's decisions on snow day closings. In the event that GCS D closes due to weather, YMCA preschool also will be closed. In the event of a GCS D 1 hour delay – YMCA preschool will be held as usual. In the event of a GCS D 2 hour delay - YMCA preschool will be closed.

## **MAY I BRING TREATS FOR MY CHILD'S BIRTHDAY?**

If you wish to bring a special treat for your child's birthday, please make prior arrangement with the teachers. They will know the number of children in the class and any food allergies that must be considered.

## **HOW DO I STAY UP TO DATE?**

During the year you will receive occasional newsletters, forms, and reminders concerning the program. Please remember to check the parent boards and sign in areas for information.

## **WHAT IF I NEED SOMEONE ELSE TO PICK UP MY CHILD?**

Make sure their registration includes the people you authorize to pick up your child. Staff will not release children to anyone who is not authorized within the registration document. In the event of an emergency that affects who will pick up your child, please contact Amy Wood, Director of Early Childhood Education, at 315.789.1616.

## **WHAT SHOULD I DO IF MY CHILD IS SICK?**

Please do not send a sick child to preschool. Notify us immediately if your child will not be attending our program. To safeguard your child and others, any child experiencing vomiting, diarrhea, yellow discharge from the eyes, fever greater than 100 degrees, severe cold symptoms, difficulty breathing, wheezing, or other unusual respiratory symptoms will not be allowed at the program site.

## **WHAT IF I DECIDE TO WITHDRAW MY CHILD FROM PRESCHOOL?**

Please contact Amy Wood, Director of Early Childhood Education, at 315.789.1616 or email [ece@genevafamilyymca.org](mailto:ece@genevafamilyymca.org) to explore any questions or concerns that lead you to consider withdrawing your child from the program. Please note that a thirty day notice is required.

## **IS THERE A WAY TO RECEIVE ASSISTANCE PAYING FOR PRESCHOOL?**

The Geneva Family YMCA is committed to making sure our services and programs are available to all! Applications for our financial assistance are available at the YMCA front desk. Questions regarding financial assistance should be directed to Dave Michaels, Director of Membership and Programs, at 315.789.1616. Inquiries and applications for assistance are treated as confidential.

## **THANK YOU!**

We appreciate your interest in Geneva Family YMCA Preschool. You can learn more about the YMCA and its many programs at [GenevaFamilyYMCA.org](http://GenevaFamilyYMCA.org)



# YMCA Emergency Information Sheet

Child's Full Name: Nickname:	Date of Birth: / /	Gender:
Child's Home Address:		
Name of Person Enrolling Child:	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Phone Number(s) of Person Enrolling Child: (   ) -	Address of Person Enrolling Child:	
Email Address:		

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER/ EMAIL
Primary Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   ) -	(   ) -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   ) -	(   ) -
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(   ) -	(   ) -

**Check boxes below to indicate if your child has any special needs/services:**       None

Early Intervention/Special Education  
  Occupational Therapy  
  Speech/ Language  
  Physical Therapy

Allergies (list) \_\_\_\_\_

Other \_\_\_\_\_

Child's Primary Care Physician's Name/ Group:	Phone Number: (   ) -
Preferred Hospital:	Phone Number: (   ) -
Child's Dentist:	Phone Number: (   ) -

**Child health insurance information is available by calling toll-free 1-800-698-4543 or  
The NYS Health Marketplace website: <https://nystateofhealth.ny.gov/>**

**AGREEMENTS**

I consent to emergency medical treatment for my child.....  Yes    No

- I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....  Yes    No
- I understand the program may need additional permission for situations such as transportation, medication, release of information, and field trips.....  Yes    No
- I've provided information on my child's special needs to the program to assist in caring for my child.....  Yes    No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....  Yes    No
- I agree to review and update this information whenever a change occurs or at least once a year.....  Yes    No

SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /
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# PRESCCHOOL BILLING FORM

2025-2026

(To be completed by Parent/Guardian)

## BILLING PARTY INFORMATION

(PLEASE PRINT CLEARLY)

YMCA Member: No Yes Key Tag # \_\_\_\_\_

Child's Name \_\_\_\_\_

Primary Sponsor Name \_\_\_\_\_ Secondary Sponsor Name \_\_\_\_\_

Sponsor share \_\_\_\_\_ % Sponsor share \_\_\_\_\_ %

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/cell (\_\_\_\_\_) \_\_\_\_\_ Home/cell (\_\_\_\_\_) \_\_\_\_\_

<input type="checkbox"/>	5 Day	M-F 8 -11 am	\$400/month \$375/month for YMCA members
<input type="checkbox"/>	3 Day	M-W-F 8 -11 am	\$245/month \$230/month for YMCA members
<input type="checkbox"/>	2 Day	Tu-Th 8 -11 am	\$185/month \$160/month for YMCA members

## BILLING METHOD

Draft date:  1st of the month  15th of the month

Cash

Check

Master Card

Visa Card

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

**Please draft the account # below**

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CID: \_\_\_\_\_ (3 digit code)

Account Holder's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

(My signature below acknowledges my understanding of and agreement to the following terms:

- Payments are due by the 1st or 15th of each month attending.
- Should a non business day or holiday fall on the 1st or 15th, the account will be drafted on the next full business day.
- Payments not received by their due date are subject to a \$25 late fee.
- The YMCA requires 30 days notice for termination of care. I am responsible for full payment of these 30 days.
- Accounts more than 30 days past due will be sent to collections.
- All changes to my child's schedule of care must be made in writing (**ASK ABOUT OUR BLUE CHANGE FORM**) 48 hours in advance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_