



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER CHARLOTTE 2019-2020 BALLANTYNE PRESCHOOL OF THE ARTS

YMCA of Greater Charlotte Preschools help children ages 1 - 5 bloom, blossom and grow! We focus on developing the whole child – physically, emotionally, socially and academically – in an age-appropriate early-learning environment. Our experienced early childhood educators provide a warm and secure atmosphere with five areas of focus to help kids meet and exceed developmental milestones: learning, life skills, healthy habits, socialization and fine & gross motor skills.

REGISTRATION INFORMATION

Payment Policies

Members/Program Participant rates are determined based on the child's YMCA membership status. All balances must be paid in full in order for a child to attend. If your membership status or program adjusted rate changes before or during the school year, your monthly payment will be adjusted accordingly.

Registration and Supply Fees

Registration fees and supply fees are due at the time of registration and are non-refundable.

Registration fees per child: \$75.00 for Members and \$100.00 for Program Participants.

Supply fees per child: \$165.00 for Members and \$200.00 for Program Participants.

Program Adjustment Rate

As part of our My Y Pricing rate structure, an adjusted program rate is available to all who qualify. Both Members and Program Participants must provide income verification at the Sales and Service Desk in order to receive an adjusted program rate.

Payment Options

Bank Draft: Monthly drafts will occur on the 15th of the month beginning on 8/15/19 and ending on 4/15/20 for 9 total payments.

Debit/Credit Card Draft: Monthly drafts will occur on the 15th of the month beginning on 8/15/19 and ending on 4/15/20 for 9 total payments.

If a draft is unpaid you are still responsible for that payment, subsequent attempts to draft for your payment will occur. A YMCA \$25 service charge will also be added. This is in addition to

any service fee my BANK/CREDIT CARD may make.
Pay in full at time of registration.

Late Payment Policy

Monthly payments received after the scheduled due dates will be charged an additional \$25 fee.

Cancellation/Transfer Policy

Cancellations or withdrawal from the preschool program will require a 15 days written notice. Parents will be responsible for paying for all days of service through the end of the 15 day notice period.

Registration Dates

A participant's registration is processed on a first-come basis according to Member (Feb 1) and Program Participant (Feb 15) registration dates.

Registration Checklist

The following items must be completed and turned in at the time of registration:

- Preschool Registration Form (including health form and immunization dates)
- Payment in full for Registration and Supply Fees
- Monthly payment draft enrollment form

Please note: Class placement for most class offerings is based on participant's age as of August 31, 2019. For classes such as Transitional Kindergarten, class placement is based on participant's age as of December 31, 2019. We follow the Charlotte-Mecklenburg School guidelines for appropriate Kindergarten placement. Please contact the Preschool Director regarding specific questions about your child's appropriate classroom placement.

FOR MORE INFORMATION ABOUT OUR PRESCHOOL PROGRAM, PLEASE CONTACT:
Contact Meghan Nance | meghan.nance@ymcacharlotte.org

SELECT YOUR BRANCH:

- | | | |
|--|-------------------------------------|---|
| <input type="radio"/> Harris YMCA | <input type="radio"/> Lowe's YMCA | <input type="radio"/> Brace Family YMCA |
| <input type="radio"/> Johnston YMCA | <input type="radio"/> Morrison YMCA | <input type="radio"/> Steele Creek YMCA |
| <input type="radio"/> Lake Norman YMCA | <input type="radio"/> Sally's YMCA | <input type="radio"/> Keith Family YMCA |

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Gender: Male Female

Primary Phone: _____ (CIRCLE ONE: HOME WORK CELL)

Email and text message are our preferred form of communication. All electronic communications should be sent to:

Primary Email: _____ Cell Phone: _____

Secondary Email: _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

1. Parent/Guardian (primary) _____
 Relationship to Child _____
 Phone 1: _____ (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____ (CIRCLE ONE: HOME WORK CELL)
 Email: _____

2. Parent/Guardian (primary) _____
 Relationship to Child _____
 Phone 1: _____ (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____ (CIRCLE ONE: HOME WORK CELL)
 Email: _____

Two emergency contacts are mandatory (other than parents/guardians) for each child. Please also include the names of individuals who you authorize to pick up your child from PRESCHOOL.

1. Emergency Contact _____
 Can Pick-up child : Yes No
 Relationship to Child _____
 Phone 1: _____ (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____ (CIRCLE ONE: HOME WORK CELL)

2. Emergency Contact _____
 Can Pick-up child : Yes No
 Relationship to Child _____
 Phone 1: _____ (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____ (CIRCLE ONE: HOME WORK CELL)

3. Emergency Contact _____
 Can Pick-up child : Yes No
 Relationship to Child _____
 Phone 1: _____ (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____ (CIRCLE ONE: HOME WORK CELL)

4. Emergency Contact _____
 Can Pick-up child : Yes No
 Relationship to Child _____
 Phone 1: _____ (CIRCLE ONE: HOME WORK CELL)
 Phone 2: _____ (CIRCLE ONE: HOME WORK CELL)

Last Name: _____ **First Name:** _____ **MI:** _____

EMERGENCY CONTACTS CONTINUED

5. Emergency Contact _____

Can Pick-up child : Yes No

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

6. Emergency Contact _____

Can Pick-up child : Yes No

Relationship to Child _____

Phone 1: _____
(CIRCLE ONE: HOME WORK CELL)

Phone 2: _____
(CIRCLE ONE: HOME WORK CELL)

PARTICIPANT INFO/MEDICAL INFORMATION:

Health Insurance Carrier: _____ Health Insurance Group#: _____

INSURANCE AND MEDICAL INFORMATION:

Is participant covered by insurance: Yes No

PREFERRED PROVIDER:

Primary Physician (First/Last Name): _____ Phone: _____

Preferred Hospital: _____

My child is exempt from required immunizations due to medical or religious reasons.

IMMUNIZATION DATES

Date of last DTP (Diaphtheria, Pertussis, Tetanus) _____

Date of last MMR (Measles, Mumps, Rubella) _____

Date of last Hib (Haemophilus influenza type b) _____

Date of last Tetanus _____

Date of last Polio _____

Date of last Hep B (Hepatitis B) _____

Date of last Varicella (Chickenpox) _____

Is the Member/Participant currently taking prescription/over the counter medications? Yes No

List Medication/Dosage/Purpose: _____

Any condition requiring special care? Yes No

If yes, please specify: _____

Has the Member/Participant had surgeries, illnesses, or any severe injuries? Yes No

If yes, please specify: _____

Please provide information we may not have asked that you feel is important for us to know as we incorporate your child into our program: _____

Does the Member/Participant have allergies? Yes No (e.g. food, medication, seasonal, etc.)

Describe all known allergies in detail: _____

Does the Member/Participant have dietary restrictions? Yes No

Explain dietary restrictions: _____

REGISTRATION AND TUITION FEES

REGISTRATION AND SUPPLY FEES

The registration fee is non-refundable and due at the time of registration. No discounts apply.

YMCA Member \$75 per child

Program Participant \$100 per child

The supply fee is non-refundable and due at the time of registration. No discounts apply.

YMCA Member \$165 per child

Program Participant \$200 per child

CLASS OPTIONS AND TUITION FEES

Please check the box next to the class you want to enroll your child. Child must be correct age on or before August 31, 2019. For TK, child must be correct age on or before December 31, 2019.

BLOSSOMS: 2 YEARS

Teacher to child ratio 1:5, Class size: 15 children

	Day	Time	YMCA MEMBER Cost: Annual Est. Monthly	PROGRAM PARTICIPANT Cost: Annual Est. Monthly
<input type="checkbox"/>	Tuesday/Thursday	9:00 AM-1:00 PM	\$2,520 \$280	\$3,420 \$380
<input type="checkbox"/>	Monday/Wednesday/Friday	9:00 AM-1:00 PM	\$3,285 \$365	\$4,185 \$465

SUNFLOWERS: 3 YEARS

Teacher to child ratio 1:8, Class size: 16 children

	Day	Time	YMCA MEMBER Cost: Annual Est. Monthly	PROGRAM PARTICIPANT Cost: Annual Est. Monthly
<input type="checkbox"/>	Monday/Wednesday/Friday	9:00 AM-1:00 PM	\$3,285 \$365	\$4,185 \$465
<input type="checkbox"/>	Tuesday-Friday	9:00 AM-1:00 PM	\$3,825 \$425	\$4,725 \$525

STARS: 4-5 YEARS

Teacher to child ratio 1:8, Class size: 16 children

	Day	Time	YMCA MEMBER Cost: Annual Est. Monthly	PROGRAM PARTICIPANT Cost: Annual Est. Monthly
<input type="checkbox"/>	Monday-Thursday	9:00 AM-1:00 PM	\$3,825 \$425	\$4,725 \$525
<input type="checkbox"/>	Monday/Tuesday/Thursday/Friday	9:00 AM-1:00 PM	\$3,825 \$425	\$4,725 \$525

TRANSITIONAL KINDERGARTEN: 5 YEARS

Teacher to child ratio 1:8, Class size: 16 children

	Day	Time	YMCA MEMBER Cost: Annual Est. Monthly	PROGRAM PARTICIPANT Cost: Annual Est. Monthly
<input type="checkbox"/>	Monday-Friday	9:00 AM-1:00 PM	\$4,365 \$485	\$5,265 \$585

*Annual tuition, which is based on a daily rate, will be divided into equal monthly payments. Monthly costs are based on a start date of the first day of school. Registrants who start after that day may see variance in the monthly calculation, but will pay a prorated amount based on days attended.

MONTHLY PAYMENT DUE DATE

Preschool payments are due on the 15th of each month and are applied to the following month's tuition. A \$25 late payment fee is applied for payments made after the 15th of each month. Payments must set up as an automatic bank or credit card draft. Financial assistance is available for those who qualify.

MONTHLY DRAFT

Monthly tuition payments are required to be paid by automatic monthly draft. By submitting a voided check or credit card information, the YMCA will automatically draft your account on the 15th of each month for the following month's tuition. A \$25 service fee will be charged to your account for any returned drafts. A voided check, or credit card information is required with this application to establish a draft.

Last Name: _____ **First Name:** _____ **MI:** _____

YMCA of Greater Charlotte
Release of Waiver of Liability And Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/ OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and releases, waive, and covenant not to sue the releases. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.
8. I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather, or late pick-ups.

I expressly agree that this **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

Parent Name: _____ Parent Signature: _____ Date: _____

Parent or Guardian Additional Agreement
(Must be completed for participants under the age of 18)

In consideration of minors being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligent which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Name: _____ Parent Signature: _____ Date: _____



MORRISON FAMILY YMCA

Preschool Payment Form

Child's Name: _____ Date of Birth: _____

Please select one of the payment options below.

- I am paying the full cost of the annual tuition at the time of registration.
Credit Card Draft - Please automatically charge my credit card on file for the payments due, according to the payment schedule. Please use the credit card ending with the last four digits of _____ and in the name of _____.
Direct Debit Payments - Please automatically debit the checking account on file for my membership draft for tuition payments beginning on 8/15/18 and ending on 4/15/19. Please use the account number ending with the last four digits of _____ and in the name of _____. I am including a separate check for the Registration and Supply Fees due at the time of registration.

Member's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____

Business Office Signature: _____ Date Completed in Personify: _____

Order Number: _____ Member Number: _____

- I understand that the Registration and Supply Fee are non-refundable and must be paid in full at the time of registration and that no discounts apply.
PAYMENT INFORMATION I hereby authorize the YMCA to initiate debits from the BANK/CREDIT CARD information provided to the YMCA at the time of sign up. The authority is to remain in effect until YMCA has received 15 days written notification from me of the termination of this agreement, or until the YMCA or BANK/ CREDIT CARD has sent me 15 days written notice of the YMCA's or BANK/CREDIT CARD's termination of the agreement. The YMCA will send a 15- day notification of any change in the amount to be drafted. Should my program draft not be honored by my BANK/CREDIT CARD for any reason, I realize that I am still responsible for that payment and subsequent attempts to draft my account for past due balances, including a YMCA \$25 service charge. This is in addition to any service fee my BANK/CREDIT CARD may make.