

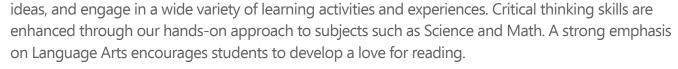


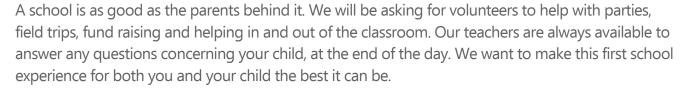
ROSNER YMCA PRESCHOOL 2025-2026

STUDENT ENROLLMENT FORM

The Rappahannock YMCA preschool is concerned about the growth and development of your child. The preschool is licensed by the State of Virginia. The preschool program is designed to develop Christian values, social skills, sharing and participating in group activities, and to promote a genuine love for learning and lastly to help create a good self-image. We want to make your child's first experience a memorable one. Your child must be full potty-trained and no pull-ups please.

Each month, preschool will focus on different themed units such as: Fall, Community Helpers, Snowmen and Habitats. The curriculum will provide children with the opportunity to ask questions, explore new





Preschool tuition will be paid by the 1st of each month. A \$10.00 late fee will be added after the first. We ask that all preschool parents set up automatic draft from a checking account or credit card to pay tuition each month. Setting-up the automatic draft ensures that all payments are on time, which eliminates late charges. We have found that many of our parents like having this convenience.

You will receive a welcome packet with important information about your child's class, payments, and parent orientation. If you have any questions please call Lauren Ordonez at 540-735-9622 ext. 2041 or email at lordonez@family-ymca.org





PRESCHOOL INFORMATION 2025–2026

*Registration fee (non-refundable) \$75.00—DUE AT TIME OF ENROLLMENT

Class and Age Requirements	1st Day of School	Hours	Days	Mem- ber Cost	Non Mem- ber Cost
3 year old Preschool Must be 3 years of age by 9/30/25	August 18th	9:15-12:15	Mon-Fri	\$250	\$320
4 year old Pre-K Must be 4 years of age by 9/30/25	August 18th	9:00-12:30	Mon-Fri	\$285	\$375
4 year old Pre-K Must be 4 years of age by 9/30/25	August 18th	9:30-1:00	Mon-Fri	\$290	\$380
4 year old Pre-K Must be 4 years of age by 9/30/25	August 18th	9:00-1:30	Mon-Fri	\$305	\$415
5 year old Jr. Kindergarten Must be 5 years of age by 12/31/25	August 18th	9:00-1:30	Mon-Fri	\$310	\$425

*PRICES ARE PER MONTH

To register your child, please fill out the registration form and attach the registration fee to your paperwork. We also require a copy of your child's birth certificate, most recent physical, and a copy of their most recent immunization records. Please hand this to the front desk for processing. Your child must be fully potty-trained.

Financial Aid Through Our Open Doors Program

The YMCA strives to make our services affordable and available to any family/person who wants to participate in YMCA membership, programs and/or services. We are willing to work with you whether you need financial assistance or if you are just struggling through this tough economy. Our Open Doors Program is completely confidential and scholarships are based on an applicant's income. If you do not require financial assistance but think you still might have difficulty in paying our monthly membership rates or weekly program fees, please come in and speak with one of our Member Services professionals to see what we can do for you.



HEALTH FORM MCH 213C (PHYSICAL/IMMUNIZATION FORM) MUST BE COMPLET-

ED BY YOUR CHILD'S DOC-



Three Year Preschool

PRESCHOOL APPLICATION FOR ADMISSION

Please check the class that best accommodates you and your child.

Mon-Fri

9:15-12:15

Four Year Pre-K	Mon-Fri	9:00-12:30	Birth Certificate		
Four Year Pre-K	Mon-Fri	9:30-1:00	Physical (must be within the	e last year)	
Four Year Pre-K	Mon-Fri	9:00-1:30	Shot Record Date		
Five Year Jr. Kindergarten	Mon—Fri	9:00-1:30	Time Registration Fee Draft Form Staff Initials		
Student Information					
Last Name		First Name		Middle Initial	
Nickname		Home Phone		Male or Fe- male	
Street Address		City/State		Zip Code	
Enrollment Date		Date of Birth		Age	
Has your child ever been enrolled at another preschool or child care center? If so, what was the name of the school/center?					
List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation:					
List chronic physical problems and pertinent developmental information /IEP and any special accommodations needed:.					
Physician's Name		Physician's Phone			
Primary Language spoken:					





Parent Information				
Father's Name	Father's Employer	Business Phone		
Street Address	City/State	Zip		
Email Address	Home Phone	Cell Phone		
Mother's Name	Mother's Employer	Business Phone		
Street Address	City/State	Zip		
Email Address	Home Phone	Cell Phone		
Emergency Contacts				
In case of emergency and parents cannot be reach (We require <u>two</u> different contacts other than the in		nts. They must have		
Name	Relationship to Child	Phone		
Street Address	City/State	Zip		
Name	Relationship to Child	Phone		
Street Address	City/State	Zip		
Authorized Pick-Up Who is authorized to pick up your child from schoo names must be on our list—if you need to add som	·			



Illness

The YMCA will notify the parent when the child becomes ill and that the parent will arrange to have the child picked up as soon as possible. Parents must contact the center within 24 hours of their child or any member of the household being diagnosed with a communicable disease.

Parent's Signature	Date
Photograph / Video I give permission to the YMCA to video of	or photograph children for YMCA purposes only.
YES NO	
Parent's Signature	Date
Field Trips	
	, has permission to participate and articipate in all YMCA program activities and field trips
Parent/Guardian Signature:	Date:
to the hospitalization of, the performance on, and/or the administration of drugs to she cannot be located immediately. It is a situations, which are true emergencies, an guardians understand that the provider of	MCA to obtain immediate medical care and consents e of necessary diagnostic test upon, the use of surgery his/her child or ward if an emergency occurs when he/also understood that this agreement covers only those and only when he/she cannot be reached. The parents/will make every effort to contact them and/or their desponsible for payment of medical expenses. Medical e Company)
Parent's Signature	Date
Insurance Company Policy Number	



Communicable Disease

I agree to notify the Ron Rosner YMCA Preschool within 24 hours or the next business day after my child or any member if the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent's Signature_____



Date

Preschool Handbook and Orientation I have read and understand the preschool handbook. I have also read the front cover of this registration packet and understand that I will be notified of open house over the summer break. Welcome & Orientation packets will be mailed out the by July 30th. If I decide not to attend this orientation, it is my responsibility to attain the information from the teacher or preschool lead teacher.				
Parent's Signature	Date			
I UNDERSTAND MY FIRST PRESCHOOL	PAYMENT IS DUE AUG.1ST			
Parent's Signature	Date			



AUTHORIZATION TO DRAFT ACCOUNT FOR PROGRAMMING FEES

By signing below, the member acknowledges that s/he has received a copy of the Rappahannock Area YMCA, Inc.'s Electronic Fund Transfer Policy, and agrees to abide by it for all Electronic Fund Transfers requested from their account on behalf of the Rappahannock Area YMCA, Inc. Payment for program fees by Electronic Fun Transfer is subject to approval by the Department Head in charge of the program and the Finance Department.

charge of the program and the Finance Department. I would like to pay the following program fees by Electronic Fund Transfer (EFT). Program Name: Preschool Drafts will be completed on the 1st of each month for the current month's tuition. Name of Bank: (voided check must be attached) Routing/Transit Number: ______ **OR** Please Circle: Visa Mastercard AMEX Discover Credit Card Account Number: _____ Expiration Date: _____CVV Code: _____ Name of Account Holder: I authorize the Rappahannock Area YMCA, Inc. to request an Electronic Fund Transfer to cover the programming fees for the above program. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending a written notice to the Rappahannock Area YMCA, Inc. at least 15 days before the date the EFT is due to be requested from my banking institution. Member's Name: Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____ Date: _____