



Greater Philadelphia YMCA  
**2023-2024 Part-Day Preschool (Nursery)**  
**Application Packet**  
(610) 933-8860 - Phoenixville  
**\*\*Application fee required and non-refundable\*\***

**For Office Use Only**

Pmt. Type:  
Initial/Date:

Child First Name \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Gender: M or F

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

Parent Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Registration Fee – Due at Time of Registration**

**One Time Fee**

☐ YMCA Member

\$55

☐ Non Member

\$105

Select payment method for registration fee:

☐ Bill payment method on file ☐ Check; Check Number \_\_\_\_\_

☐ Please contact me for credit card or checking account information.

☐ Yes, I would like to enroll in automatic payments for the selected program option below.

**Phoenixville Program Options**

**Monthly Fees**

**2 Years**

*\*Must be 2 by 9/1/23*

☐ 2 days – Tue, Thur. 9:00 AM -12:00 PM

\$227

**3 Years**

*\*Must be 3 by 9/1/23*

☐ 3 days – Mon, Wed, Fri 9:00 AM -12:00 PM

\$268

☐ 5 days – Monday-Friday 9:00 AM -12:00 PM

\$313

**4 – 5 Years**

*\*Must be Potty Trained and of age by 9/1/23*

☐ 3 days – Mon, Wed, Fri 9:00 AM -1:00 PM

\$313

☐ 5 days – Mon through Fri 9:00 AM -1:00 PM

\$356



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**THANK YOU for your interest in the YMCA for your family. We look forward to welcoming you and your child to our program.**

Make a copy of this Application for your records. Completion of an application form does not guarantee enrollment. Enrollment is dependent upon availability of the desired age and day option. You will be contacted by the Director regarding your application.

**Open House/Student Orientation**

More details will be shared in Summer 2023.

**First Day of Classes**

**September 5<sup>th</sup>** will be the start date for Tuesday/Thursday and 5 day classes. **September 6<sup>th</sup>** will be the start date for Monday/Wednesday/Friday classes.

**Enrollment Paperwork**

All required health and permission forms are completed online through your YMCA portal. The link to access forms will be emailed to you once your application is processed. Please complete all forms by **August 15, 2023** for your child to attend.

**Payment Schedule**

Tuition is a yearly fee divided into 9 monthly installments and payment is due 15 days prior to the start of the month. We encourage you to set up automatic payments with a credit card or checking account to avoid late fees or suspension. Please refer to the Child Care Handbook for a list of payment due dates.

**Financial Assistance**

Financial assistance is available for families who qualify. Information about Financial Assistance and how to apply can be found at [philaymca.org](http://philaymca.org).

**Program Withdrawal**

If you wish to cancel your child's enrollment, a minimum of 30 days' written notice must be provided to the program director.

**Enrollment Requirement**

*A minimum enrollment is required for each classroom. The YMCA reserves the right to cancel a class due to insufficient enrollment. In this event, any program fees paid during the cancellation month will be prorated and refunded (except the application fee).*

If you have any questions about registration or our programs, please do not hesitate to reach out!

Sharon Engro  
Nursery School Director  
484-921-5856  
[SEngro@philaymca.org](mailto:SEngro@philaymca.org)  
[www.philaymca.org](http://www.philaymca.org)



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

Location \_\_\_\_\_

**2023-2024 Part Day Preschool Agreement**

55 PA CODE CHAPTERS 3270.123 &amp; 181 (c); 3280.123 &amp; 181 (C); 3290.123 &amp; 181 (c)

Start Date \_\_\_\_\_ Child's Typical Arrival Time \_\_\_\_\_ Child's Typical Departure Time \_\_\_\_\_

2023-2024 Payment Schedule	
<input type="checkbox"/> <b>PART DAY PRESCHOOL:</b> \$ _____ /month  _____ <i>Two Year Old - 2 days</i> _____ <i>Three Year Old- 3 days</i> _____ <i>Three Year Old - 5 days</i> _____ <i>Preschool - 3 Days</i> _____ <i>Preschool - 5 Days</i>  <i>Please communicate with your Preschool Leader for days that are offered per age group/per site.</i>	<b>Payment Information:</b> Tuition rates and fees are based on a monthly schedule. Payments are due 15 days in advance of care.  <b>Late Payment Fee:</b> Late payments will be assessed a \$25 late fee. A payment is late when received less than 10 days before the start of the month.  <b>Late Pick-Up Fee:</b> A late pick-up fee of \$15 for each part of 15 minutes past closing time will be assessed.  <b>Program Withdrawal:</b> If you wish to cancel your child's enrollment, a minimum of 30 days' written notice must be provided to the program director.  <b>Services provided as part of care fee:</b> Care • Daily Activities
<b>Check any assistance you are receiving:</b> <input type="checkbox"/> <b>YMCA Financial Assistance</b>	<b>Office Use Only</b> _____ %
<b>YMCA Financial Assistance</b> is based on total household income. Please visit <a href="http://philaymca.org">philaymca.org</a> to apply.	

**Persons to whom child may be released:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (6 month review): \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Entered By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Unit ID: \_\_\_\_\_