

A great place for your child to grow!

# YPRESCHOOL™



## St. Croix Valley YMCA Licensed Preschool Program

The St. Croix Valley YMCA Preschool program offers a distinctive learning experience in a fun, nurturing environment. Qualified Preschool teachers assist children in the development of classroom socialization, create a passion for learning and prepare them for school success. Amenities such as the swimming pool, Kid's Gym and state of the art classrooms provide additional enrichment experiences.

The YMCA Preschool program is located at **2211 Vine Street, Hudson, WI 54016**. Y Preschool develops physical, emotional and social competencies, providing more learning opportunities for your child than any other preschool program.



## YMCA Preschool Program For ages 3 years old\*

**Days:** Tuesday/Thursday

**Hours:** 9:00 a.m. – 11:30 a.m. or extended day option is 9:00 a.m. - 2 p.m.

**Begins:** September 9, 2010 and ends May 19, 2011

## For ages 4 and 5 years old\*

**Days:** Monday/Wednesday/Friday

**Hours:** 9:00 a.m. – 3:00 p.m.

**Begins:** September 8, 2010 and ends May 20, 2011



## ENRICHMENT ACTIVITIES INCLUDE:

**Kidz Fit:** builds a foundation of healthy habits while having fun. Your child will enjoy learning about the importance of taking care of their bodies, exercise and movement. Activities include kids yoga.

**Music and Movement:** explores musical concepts in a variety of ways including singing, dancing, rhythm activities, finger play and musical instruments. These activities help to bridge the connection between music and movement, and develop large and small motor skills, focused listening and self-expression.

**Multicultural Studies:** children learn to value the diversity of other cultures through dramatic play, toys, crafts and activities of different ethnic groups, genders and ages along with literature and music from around the world.

**Cooking:** children will have the opportunity to practice their cooking skills by using a variety of kitchen utensils and other objects as they create no-bake recipes.

*Other activities include arts & crafts, computers, Spanish, sign language and nature.*



For more information, contact Julie Atzmilller at 651-259-9656 or [julie.atzmilller@ymcastpaul.org](mailto:julie.atzmilller@ymcastpaul.org)



*\*Children must turn 3 or 4 by September 1, 2010 and they must be potty trained. You do not have to be a member to register for YPreschool. Financial assistance available.*

## St. Croix Valley YMCA

2211 Vine Street, Hudson, WI 54016

715-386-1616

[ymcatwincities.org](http://ymcatwincities.org)

**We build  
strong kids,  
strong families,  
strong communities.**

## How to Register:

1. Fill out the enrollment form. Ages must be as of September 1, 2010.
2. A registration fee of \$50.00 per child must accompany the registration form before any child can be considered enrolled or be placed on the wait list. *Registration fee is non-refundable.* Return the form to: **YMCA CUSTOMER SERVICE CENTER • 2125 East Hennepin Ave., Mpls, MN 55413**  
**Phone: 612-230-9622 • Fax: 612-465-0559**
3. The first months tuition is due on August 1, 2010. If it is not received your spot will be forfeited to those on the wait list. During the school year, tuition must be paid by Monday, one week prior to the start of each month.
4. Confirmation will be mailed upon completed registration. Full parent packet will be mailed by August 1, 2010.
5. **Childcare immunization records and health care summary are due on Monday, one week prior to the start of the program. The child will not be allowed to attend unless we have these health forms. This is a state law. The state requires and checks that a physician has signed the health form.**

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex:  Male  Female

**PARENT, GUARDIAN OR PERSON RESPONSIBLE FOR CHILD:**

#1 Parent/Guardian: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_

#2 Parent/Guardian: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child Resides with:  Parent/Guardian #1  Parent/Guardian #2  Both

Start Date: \_\_\_\_\_

**Please select class option for your child.**

3 YEAR OLDS	FEE	DAY(S)	TIME
<input type="checkbox"/> Part Day	\$145/month	Tu/Th	9:00 a.m. - 11:30 a.m.
<input type="checkbox"/> Extended Day	\$237/month	Tu/Th	9:00 a.m. - 2:00 p.m.

**4 and 5 years old**

<input type="checkbox"/> Extended Day	\$335/month	M/W/F	9:00 a.m. - 3:00 p.m.
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## Subsidy Provider Information: A current "Authorization of Service" must be on file before your child's registration will be accepted.

Our family currently receives subsidy from:

County \_\_\_\_\_  YMCA Personal Pricing Plan  Third Party Agency  Other \_\_\_\_\_

Agency/County Worker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Case # Required \_\_\_\_\_ Paperwork submitted to County/Agency:  Yes  No

Third Party Agency Name: \_\_\_\_\_ Third Party Member #: \_\_\_\_\_

## Payment Information: Please note, Registrations will not be processed without deposit

**Check Enclosed** Amount: \$ \_\_\_\_\_  Registration Fee  Full Payment **Credit Card**  Visa  MC  Disc  Am Ex

**Monthly EFT Authorization**  (Electronic Funds Transfer – Charges are processed on Monday, one week prior to the start of the month.)

Please charge:  Only \$50 registration fee  \$50 registration now, monthly fee charged on Monday, one week prior to the start of the month.

Name on Card \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I agree to pay above total amount according to card issuer agreement.

I understand by signing this form that my child will be enrolled for the entire school year or the balance of the year. If a parent chooses to withdraw a child from the program we require a two week written notice and two week advance tuition payment. Classes must meet a minimum enrollment number to run. Registration fee is non-refundable.

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