



the

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# BRIGHT BEGINNINGS START HERE

## TUSCARAWAS COUNTY YMCA PRESCHOOL

2025-2026 INFORMATION GUIDE &  
REGISTRATION FORMS



TUSCARAWAS COUNTY YMCA  
600 MONROE STREET, DOVER, OHIO 44622 330 364 5511 WWW.TUSCYMCA.ORG

# LEARN GROW THRIVE



## TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM

The YMCA's Preschool Program is for ages 3-5. The program is licensed by the State of Ohio. We believe that every child has the potential to be successful, and we've set into place an educational environment that is friendly, positive, and caring to help each student discover his and her own unique gifts. Educators in the YMCA's Preschool Education Program foster great achievement by presenting curriculum in a way that makes learning fun, meaningful, and interesting. Daily lessons are created to boost development through creative, age-appropriate activities, hands-on experience, and a balance of indoor and outdoor play.

### Questions/Concerns Contact:

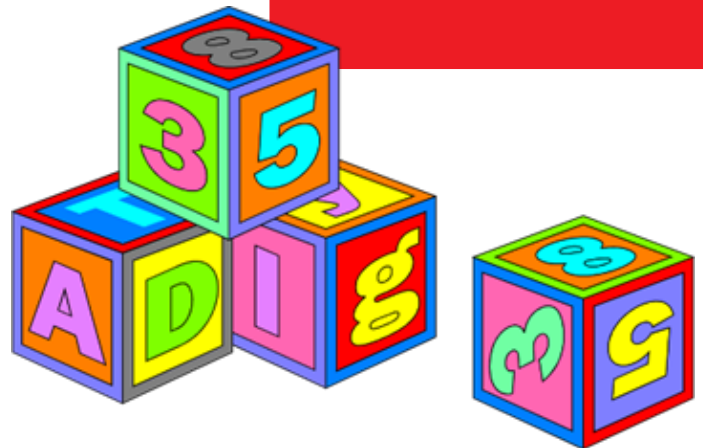
**SARAH KESSLER**  
**CHILD CARE DIRECTOR**  
**TUSCARAWAS COUNTY YMCA**  
**330-365-5511 ext. 309**  
**SARAH@TUSCYMCA.ORG**

### TUITION COST

MON-THU  
AM PROGRAM 8-11:30 AM  
PM PROGRAM 12:30-4:00 PM

Rates Per Child  
Registration Fee \$60  
Youth Member \$155  
Community Member \$165

FINANCIAL ASSISTANCE  
AVAILABLE & PUBLICLY FUNDED  
ASSISTANCE ACCEPTED



# PRESCHOOL ESSENTIALS

1st Day Of School  
Tuesday, Sept 2

## Preschool Hours

4 Day Program

AM PROGRAM 8:00-11:30 AM

PM PROGRAM 12:30-4:00 PM

Note: The YMCA is not responsible for lost, broken, or stolen items.

## Activity

Outdoor play and physical activity will be provided daily.

## Payments/Rates

Payments can be made at the front desk or automatically withdrawn per month.

4 Day Program Pricing

Rates Per Child

Registration Fee: \$60 (One Time Fee)

Youth Member \$155 (Monthly)

Community Member \$165 (Monthly)

**PUBLICLY FUNDED ASSISTANCE ACCEPTED**

**FINANCIAL ASSISTANCE AVAILABLE**



**IMPORTANT!** State licensing requires all information be completed. Your child cannot attend the program until all paperwork is completed and returned. Drop off paperwork before first day or email to [sarah@tuscymc.org](mailto:sarah@tuscymc.org).

## Questions/Concerns Contact:

SARAH KESSLER CHILD CARE DIRECTOR TUSCARAWAS COUNTY YMCA

330-365-5511 ext. 309 or [SARAH@TUSCYMCA.ORG](mailto:SARAH@TUSCYMCA.ORG)

TUSCARAWAS COUNTY YMCA  
600 MONROE STREET, DOVER, OHIO 44622 330 364 5511 [WWW.TUSCYMCA.ORG](http://WWW.TUSCYMCA.ORG)

# A DAILY SNAP SHOT



## PRESCHOOL SCHEDULE

### AM Schedule

8:00-8:15	Arrival/ Attendance
8:15-8:30	Morning Circle
8:30-9:00	Zumba/ Yoga
9:00-10:00	Independent Exploration
10:00-10:30	Small Groups (Lively Letter
10:30-11:00	Introduction) Gross Motor Time
11:00-11:30	Snack/Goodbyes

### PM Schedule

12:30-12:45	Arrival/ Attendance
12:45-1:00	Morning Circle
1:00-1:30	Zumba/ Yoga
1:30-2:30	Independent Exploration
2:30-3:00	Small Groups (Lively Letter
3:00-3:30	Introduction) Gross Motor Time
3:30-3:45	Journals
3:45-4:00	Snack/Goodbyes

Daily Schedule is subject to change based on activities that occur throughout the week.

## WEATHER

Please listen to WJER and WTUZ radio stations and social media platforms for a list of closings.

- If Dover Schools close, the preschool program will close.
- If Dover has a two hour delay, the preschool program will close.
- Make Up days will be announced at a later date.

## TAX TUITION INFORMATION

Tax # 34-0714797

# GETTING STARTED

## PRESCHOOL ENROLLMENT FORMS

**IMPORTANT:** ALL paperwork must be completed and returned before the first day of preschool. Please read handbook and check over procedures.

Date of Admission for Preschool: I want my child to start \_\_\_\_\_ Date / \_\_\_ AM or \_\_\_ PM Program

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

Child's Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contacts: Must be an adult (18 or over). Please provide 2 contacts.**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

List any special concerns for your child: (IEP's, food allergies, medical conditions, etc.) If any medications must be given during school hours, authorization paperwork must be completed by parent.

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If you have any questions please contact:

Child Care Director Sarah Dickson at [sarah@tuscymca.org](mailto:sarah@tuscymca.org) or 330-364-5511 ext 309

Parent Signature Required: \_\_\_\_\_ Application Date: \_\_\_\_\_



TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM  
**BACKGROUND INFORMATION**

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a court order, judgement entry, or custody paper concerning this child?  YES  NO

If yes, papers need to be in child's file for his/her protection.

What activities is your child involved in?

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What method of behavior modification do you use at home?

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Are there special concerns we should know about?

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Is there anything that makes your child upset?

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What are your expectations from your child's experience?

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**TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM**  
**PICK UP PERMISSION**

These people have permission to pick up my child from the Tuscarawas County YMCA Summer Camp Program. I will notify staff who (from the list below) will pick up my child on a daily basis.

**For first time pick up, please have Photo ID for verification.**

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

5. Name: \_\_\_\_\_

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

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**TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM**  
**WAIVER**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Participant specifically assumes all risk of injury arising out of his/her presence on the premises of the Tuscarawas County YMCA, the use of its equipment or facilities, or participation in activities whether on the premises or at another location. I and my heirs and assigns hereby waive, release and agree to hold free from all claims of damages, the Tuscarawas County YMCA and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in participating in the programs and activities at the YMCA. My child is physically capable of participating in such programs. My child agrees not to participate in any other activity that may injure themselves or others.

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_



**TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM**  
**PHOTO/VIDEO RELEASE**

\_\_\_\_\_ I **DO** give permission to the Tuscarawas County YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that may include images or voice for purposes of promoting or interpreting Tuscarawas County YMCA programs. This can include, but is not limited to, social media platforms, commercials, or internet websites.

\_\_\_\_\_ I **DO NOT** give permission to the Tuscarawas County YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that may include images or voice for purposes of promoting or interpreting Tuscarawas County YMCA programs. This can include, but is not limited to, social media platforms, commercials, or internet websites.

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

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

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**POLICY REVIEW STATEMENT**


Parent/Guardian: I acknowledge that I have read and received a copy of the parent handbook for the Tuscarawas County YMCA Preschool Program. I agree to follow all policies within.

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

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_





**TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM**  
**PAYMENT PROCESSING DATES**  
**First Business Day of Each Month**

Tuesday, September 2, 2025  
Wednesday, October 1, 2025  
Monday, November 3, 2025  
Monday, December 1, 2025  
Friday, January 2, 2026  
Monday, February 2, 2026  
Monday, March 2, 2026  
Wednesday, April 1, 2026  
Friday, May 1, 2026

**TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM**  
**2025 – 2026 Calendar of Holidays/Staff Development Days**

**All Tuscarawas County YMCA Child Development Programs  
will be closed on the following days during the 2025–2026 fiscal/school year:**

Monday September 1, 2025 Labor Day  
Tuesday September 2, 2025 Preschool Begins  
Monday September 22, 2025 Staff Development Day  
Monday October 13, 2025 Columbus Day  
Monday October 27, 2025 Staff Development Day  
Wednesday November 26–December 2, 2025 Thanksgiving Break  
Monday December 22, 2025– Sunday January 4, 2026 Winter Break  
Monday January 5, 2026 Class Resumes  
Monday January 19, 2026 MLK Day  
Monday February 16, 2026 President's Day  
Monday March 30, 2026 – Sunday, April 5, 2026 Spring Break  
Monday April 6, 2026 Class Resumes  
Monday April 20, 2026 Staff Development Day  
Tuesday May 19, 2026 Last Day of Classes  
Wednesday May 20, 2026 Field Day  
Thursday May 21, 2026 Graduation Day

**Please be sure to post this where you can easily refer to the list  
and make alternate childcare arrangements.**

# TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM AUTOMATIC PAYMENT AGREEMENT POLICIES

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

## Please initial each of the following:

- \_\_\_\_\_ I understand I will be charged for the program and rate for which I signed up my child.
- \_\_\_\_\_ A change in schedule must be submitted to the Child Care Director at least two weeks in advance, otherwise the account will be charged based on the schedule for which child was signed up.
- \_\_\_\_\_ Program payment is drafted in advance of attendance per your agreed upon draft schedule.
- \_\_\_\_\_ Accounts with a balance of 2 weeks or more will be considered delinquent. The responsible parent will be contacted to reconcile the balance and keep the account current. If a payment agreement is not reached or payment is not made, child care services may be suspended.
- \_\_\_\_\_ Payments/Refunds will be applied to any outstanding Y balances first, then to current program fees.
- \_\_\_\_\_ The Tuscarawas YMCA Preschool Program closes at 6:00 PM. A \$1 per minute per child late fee is charged after 6:00 PM. All late fees will be added to the next week's draft payment. If late pick up occurs more than five times during the after school program, your child placement may be in jeopardy.
- \_\_\_\_\_ I understand that weekly tuition is not adjusted for days missed due to illness, unless the child is hospitalized, and the parent/guardian notifies the Child Care Director at 330-364-5511 ext. 309.
- \_\_\_\_\_ A \$30 fee will be assessed for NSF drafts. Should my bank, for any reason, not honor any debit, I am responsible for the payment and the NSF fee. The payment and fee may be collected electronically by a third party.
- \_\_\_\_\_ Failure to communicate any draft issues within 5 business days may result in termination of services.

I will be paying by: \_\_\_\_\_ Bank Draft \_\_\_\_\_ Credit Card Draft

**Draft Authorization:** I authorize automatic payments for my child care fees, for the program my child attends, in the amount of the agreed upon weekly payment rate. Drafts will occur automatically until care is terminated in writing or the program ends. A minimum of 10 business days notice is required to stop or edit drafts.

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

# TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM AUTOMATIC PAYMENT ENROLLMENT FORM

## Participant Information:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Membership Status:  Family Membership  Youth Member  Non-Member/Community Member

Program: Tuscarawas County YMCA After School Program

## Responsible Parent/Guardian Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Are you responsible for entire tuition payment?  Yes  No

(If "no" please explain below)

## Ohio Department of Jobs & Family Services Assistance:

Are you receiving assistance through Ohio Jobs and Family Services?  Yes  No

If yes, please specify copay amount: \_\_\_\_\_

\*Please see ODJFS policy document from your Child Care Director for all responsibilities for approved cases.

## PAYMENT OPTIONS:

1. Bank Draft (Please include a voided check) Account Type:  Checking  Savings  
 Weekly  Bi-Weekly

Bank \_\_\_\_\_

Transit & Routing # \_\_\_\_\_

Account # \_\_\_\_\_

2. Credit Card Draft

Account Type:  Credit Card  Debit Card

Credit Card Type:  MasterCard  VISA  Discover  American Express

Issuing Bank Name \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Account # \_\_\_\_\_

**Draft Authorization:** I authorize automatic payments for my child care fees for the program my child attends in the amount of the agreed upon weekly payment rate. Drafts will occur automatically until care is terminated in writing or the program ends. A minimum of 10 business days notice is required to stop or edit drafts.

Parent Name (PRINT): \_\_\_\_\_

Parent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_