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TUSCARAWAS COUNTY YMCA PRESCHOOL

2026-2027 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:

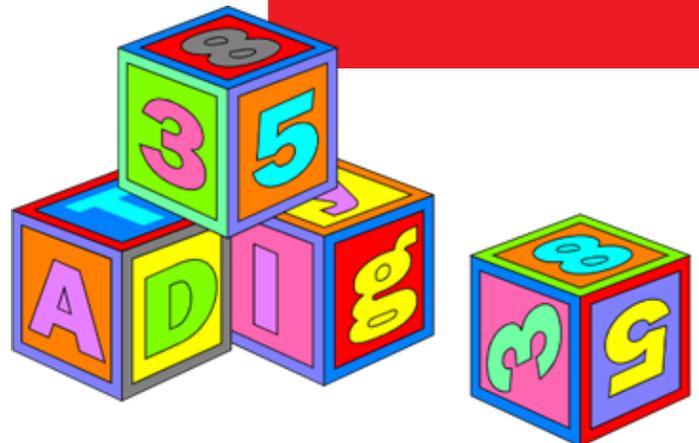
Elizabeth Sickinger
Preschool Coordinator
330-364-5511 ext 312
elizabeth@tuscymca.org

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 \$180
Community Member \$200

FINANCIAL ASSISTANCE
AVAILABLE & PUBLICLY FUNDED
ASSISTANCE ACCEPTED



PRESCHOOL ESSENTIALS

**1st Day Of School
Tuesday, Sept 8**

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Payments can be made at the front desk or automatically withdrawn per month.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 \$180 (Monthly)

Community Member \$200 (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 elizabeth@tuscymc.org.

Questions/Concerns Contact:

Elizabeth Sickinger Preschool Coordinator at 330-364-5511 Ext 312 or elizabeth@tuscymc.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 Introduction)
10:30-11:00	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 Introduction)
3:00-3:30	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.

If you have any questions please contact:
Elizabeth Sickinger Preschool Coordinator at 330-364-5511 Ext 312 or elizabeth@tuscymca.org

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?

What method of behavior modification do you use at home?

Are there special concerns we should know about?

Is there anything that makes your child upset?

What are your expectations from your child's experience?



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: _____

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: _____

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 Day of Each Month

September 1, 2026
October 1, 2026
November 1, 2026
December 1, 2026
January 1, 2027
February 1, 2027
March 1, 2027
April 1, 2027
May 1, 2027

TUSCARAWAS COUNTY YMCA PRESCHOOL PROGRAM
2026 – 2027 Calendar of Holidays/Staff Development Days

**All Tuscarawas County YMCA Child Development Programs
will be closed on the following days during the 2026–2027 fiscal/school year:**

Monday, September 7, 2026	Labor Day
Tuesday, September 8, 2026	Preschool Begins
Monday, September 28, 2026	Staff Development Day
Monday, October 12, 2026	Staff Development Day
Monday, October 26, 2026	Staff Development Day
Wednesday, November 25	Thanksgiving Break Begins
Tuesday, December 1	Class Resumes
Monday, December 21, 2026	Winter Break Begins
Monday, January 4, 2027	Class Resumes
Monday, January 18, 2027	MLK Day
Monday, February 15, 2027	President's Day
Monday, March 22, 2027	Spring Break Begins
Tuesday, March 30, 2027	Class Resumes
Tuesday, May 25, 2027	Last Day of Classes
Wednesday, May 26, 2027	Field Day
Thursday May 27, 2027	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 Preschool Coordinator 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 11:30 AM and 4:00 PM. If late pick up occurs more than five times during the school program, your child placement will be in jeopardy and a \$1 per minute per child late fee will be charged. All late fees will be added to the next month's draft payment.
- _____ I understand that monthly tuition is not adjusted for days missed due to illness, unless the child is hospitalized, and the parent/guardian notifies the Preschool Coordinator at 330-364-5511 ext. 312.
- _____ 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 Preschool Coordinator 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 # _____ VCode: _____

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: _____