

Permission and Informed Consent Agreement (please initial where indicated)

1. As the parent/guardian of _____, I give permission for my child to participate in Y programs, including indoor and outdoor play that take place during the day. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities. _____

2. An accident or sudden illness to my child will be treated on the premises of this YMCA Program by the staff with emergency first aid procedures. I understand that I will be notified immediately, and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from this YMCA Program to a designated place determined by me. _____

3. Emergency treatment for my child will be obtained in my absence by YMCA staff and its agents or whatever kind is deemed necessary and in his/ her interest to protect the life, health and well-being of said son/ daughter. I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. Transportation by any necessary means to obtain such medical care of assistance for my child, as circumstances may require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. _____

4. I hereby permit, consent and authorize photographs, videotapes and audio recordings made of my child while at Ready, Set, Learn as an individual or part of a group, with or without text in Y publication. _____

Further, I will inform the Ready, Set, Learn program in writing of any changes in my family, address and telephone number.

Parent's Signature _____ Date _____

Metuchen Branch YMCA

65 High Street, Metuchen, NJ 08840

www.ymcaofmews.org

732.548.2044



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ready, Set, Learn (YTots) Summer 2017

A great place for your child to have a fun-filled summer!



For children ages 20 months-3 years
This YMCA program meets M-W-F from 9am-11am
Located in the Community Presbyterian Church
75 Glenville Road
Edison, NJ 08817

Ready, Set, Learn Information

Welcome to the Summer 2017!

Ready, Set, Learn is a fun-filled two hour program which offers a wonderful range of activities to keep your child engaged and having fun. Each week activities will include; story time, music, arts & crafts, snack, indoor play, outdoor playground time, water fun and much more! Your child will have the opportunity to make new friends, explore their environment and participate in age appropriate activities in a safe and nurturing space.

Your child does not have to be potty trained to attend!
This is a drop off program, parents do not have to stay with their child.

Dates: 7 weeks from July 10– September 1
Time: 9am–11am
Meets: Monday - Wednesday - Friday
Cost: \$62 per week



Registration Procedures and Payments:

- Registration will begin on March 15th.
- Registration and billing is available online at ymcaofmewsa.org or through the membership service desk of the Metuchen YMCA.
- Online registration is available until July 1, 2017.
- All children must be current members of the Metuchen YMCA. (Family or Program Members) or pay a registration fee of \$50.
- A \$15 deposit is required for each week. The deposit is non-refundable and non-transferable.
- Payment due dates:
Weeks 1-4 due July 1st & Weeks 5-7 due August 1st
- There are no credits or refunds for absences.

Contact us at: 732-548-2044

Pamela Cohen ext.2226– Child Care Director
Pam.Cohen@ymcaofmewsa.org
Anna Flis ext.2227– Billing
Anna.flis@ymcaofmewsa.org
Miss Kathy– Lead Teacher, YTots@ymcaofmewsa.org
Ready, Set, Learn Phone #732-585-8626 (only call during program hours)

Ready, Set, Learn Registration Form

Child's Name _____ Today's Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____

Date of Birth _____ Male _____ Female _____

Parent #1 (Mother's) Name _____

Cell (____) _____ E-mail _____

Parent #2 (Father's) Name _____

Cell (____) _____ E-mail _____

Does your child have any allergies or food restrictions? Please list: _____

Does your child have any special needs we should know about to provide you with the best service possible? Indicate here: _____

Emergency Contacts & Pick-Up Authorization:

In addition to the parent(s), the following person(s) are authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please check box for each session that your child will attend.

Week 1 July 10	Week 2 July 17	No Session	Week 3 July 31	Week 4 Aug 7	Week 5 Aug 14	Week 6 Aug 21	Week 7 Aug 28
		X					

Please turn over