Y School Age Child Care in Woodbridge
400 Inman Ave. Colonia, NJ 07067; 732-340-9622 (Main Office)
www.ColoniaCCC@ymcaofmewsa.org

the Y YMCA

FOR YOUTH DEVELOPMENT ®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y School Age Child Care Registration 2018–2019

Please Print Clearly: Child's Name_____

Start Date _____

Grade in Sept 2018 _____ Date of Birth___/___/___ Sex __M __ F

Does your child have any needs that we should know about to provide you with the best service possible? ❑ no ❑ yes please describe _____

Child's Street Address_____

City_____Zip _____

Phone Number (H)(_____)_____ **Email**_____

Child resides with: Mom, Dad, both Parents, other: _____

Parent #1 Name_____

Phone Number (H)(_____)_____ (W)(_____)_____

Company Name _____Cell Number(_____)_____

Job Title _____ **Email**_____

Parent #2 Name_____

Phone Number (H)(_____)_____ (W)(_____)_____

Company Name _____Cell Number(_____)_____

Job Title _____ **Email**_____

Address (if different from child's) _____

Emergency Contacts & Pick-Up Authorization

In addition to the parent(s) who have signed below, 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. **2 names required by NJ State Law**

Name _____

Cell (_____)_____Relationship to Child _____

Name _____

Cell (_____)_____Relationship to Child _____

BEFORE SCHOOL CARE RATES
5 DAYS $207.00 PER MONTH
4 DAYS $175.00 PER MONTH
3 DAYS $140.00 PER MONTH
2 DAYS $104.00 PER MONTH

**AFTER SCHOOL CARE RATES
(#28 SCHOOL ONLY)**
5 DAYS: $235.00 PER MONTH
4 DAYS: $197.00 PER MONTH
3 DAYS: $157.00 PER MONTH
2 DAYS: $118.00 PER MONTH

*** There will be a $15 discount applied if both before & after care for five days are registered for.
***All rates are averaged out and based on 180 days of school. Snow Days and Holidays are not included.
HOLIDAY CARE
($45/DAY) PROGRAM MEMBER
($55/DAY) NON-PROGRAM MEMBER
SNOW DAY CARE IS ALSO AVAILABLE ON FIRST COME FIRST SERVED BASIS .
HOLIDAY CARE AND SNOW DAY CARE IS AVAILABLE IN COLONIA AT ABOVE ADDRESS ONLY.

PLEASE CHECK WHICH SCHOOL ATTENDING

MAWBEY ST. SCHOOL #1   ___

INDIANA AVE. SCHOOL #18   ___

KENNEDY PARK SCHOOL #24   ___

ROBERT MASCENIK SCHOOL #26   ___

MATTHEW JAGO SCHOOL #28 ___
(Please circle: before/after care)

OAK TREE RD. SCHOOL #29 ___

Please Check Appropriate Day(s):

❑ Monday   ❑Tuesday   ❑ Wednesday

❑ Thursday   ❑ Friday

Parents are required to keep this information current by contacting Y's main office in Colonia with any changes.

TUITION POLICY

- Fees are paid by check or credit card to the **YMCA** by the 15th of the prior month (ie. September payment will be due by August 15th).
- Credit/debit card or checking account draft is available. Accounts are drafted on the 15th of the month. If you would like to set this up, please check the box below and call the center with your credit card information.
- A $20 late fee may be applied to any tuition payments made after the due date.
- A 5% sibling discount will be applied to the combined payment of siblings enrolled in full time (5 days) programs(SACC, KED or Child Care).
- A nonrefundable $50 deposit is due at the time of registration and will be applied to your first month's payment.
- In order to withdraw from the program or make any changes, please provide notice before the 15th of the month prior to payment. No refunds or credits will be issued for days not used; switching days is not permitted . There will be a $20 change fee for any schedule/program changes.

❑ Please charge my credit card automatically when payments are due.

Parents Signature _____ Date _____

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Permission/Informed Consent Agreement & Health History

PERMISSION/AUTHORIZATION (please initial where indicated)

As the parent/guardian of _____, I give permission for my child to participate in Y programs, including any trips taken during the day. I understand that transportation will be provided by school bus. 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. _____

I hereby permit, consent and authorize photographs and/or videos made of my child while at the Y as an individual or part of a group, with or without text in YMCA publications. _____

Prescription medication will be given to my child by the staff at specific times. I understand that I must sign a statement at each illness, giving the center's specific instructions and permission. _____

An accident or sudden illness to my child will be treated on the premises of the Y 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 the Y to a designated place determined by me. _____

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 my require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. _____

I understand that the YMCA shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given wherever possible. _____

I have read the registration agreement above and agree to abide by said policies in both the handbook, and registration form. _____

I have read and received the center's Expulsion Policy. _____

I have read and received the center's Information to Parents Document. _____

HEALTH HISTORY:

Allergies:_____Treatment:_____

Allergies:_____Treatment:_____

Dietary modifications_____

Disabilities_____

Chronic/recurring illnesses_____

Current medications_____

Activity limitations_____

Any other known physical or mental conditions_____

Name of physician_____ Phone (___)_____

Date of last physical examination_____

This Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. _____ *initial*

Pediatrician Name: _____

Pediatrician Address: _____

Pediatrician Phone Number: _____

Emergency Authorization: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for me/my child as named above. This form may be photocopied.

_____
Signature of Parent/Guardian   Date