



READY, SET, LEARN REGISTRATION

CHILD'S INFORMATION

Child's Name: _____ Sex M F Other

Date of Birth: ____/____/____ Program Start Date: _____

Street Address: _____

City: _____ Zip Code: _____

Program Meets:
MONDAY,
WEDNESDAY,
FRIDAY
9am-11am

Ages
20 months 3 years
3 day \$80/week

Daily Drop In:
Member \$ 25
Non Member \$35

PARENT/GUARDIAN'S INFORMATION

Parent/Guardian #1 Name: _____ Sex M F Other

(C): (____) _____ Company : _____

(W): (____) _____ Job Title: _____

Email: _____

Parent/Guardian #2 Name: _____ Sex M F Other

(C): (____) _____ Company : _____

(W): (____) _____ Job Title: _____

Email: _____

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

In addition to the parent(s)/guardian(s) who have signed below, the following people listed below 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 _____

EZ PAY OPTION

Please charge my credit card on file automatically when payments are due. _____
INITIAL

Child's Information:

If different from child's address:

Mother's (or guardian) address _____

Father's (or guardian) address _____

Marital Status: Married - Single - Widowed - Separated - Divorced

Name and age of other children in family _____

Other close relationships in household (grandparents, sitters, pets, etc.) _____

What is the primary language spoken in your home? _____

Does she/he play well with others? _____

Does she/he play well by her/himself? _____

Hobbies and interests _____

Fears: describe all fears _____

Discipline: What form of discipline does your child best respond to? _____

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

Is there any additional information you would like us to know about your child that would help us to better understand her/him. Also, let us know if there is anything you would like us to help you with concerning your child. _____

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 _____ Address _____

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

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

Permission & 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 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. _____

Further, I will inform the Ready, Set, Learn Program in writing of any changes in my family, address and telephone number or change in my work address and phone number.

Parent's (or Guardian) Signature

Date

Parent's (or Guardian) Signature

Date

Child Care Director's Signature

Date

Metuchen YMCA Ready, Set, Learn Tuition Policy Fees Effective 9/12/2022-6/16/2023

- Tuition is paid to the Metuchen YMCA. Pay the Monday of the week prior
- Payments made after the 2nd day of the week prior will incur a \$20 late fee.
- All tuition payments are non-refundable.
- There is no credit given for vacation days, sick days, or emergency closing days.

I have read and understand the above policies.

Parent (or Guardian) Signature

Date

Metuchen YMCA Ready, Set, Learn **Program Policies** **(For Parents to Keep)**

CONTACT INFORMATION

Metuchen Branch YMCA (732)548-2044
Director: Gabriella St. Fleur ext. 2255
E-mail: gabriella.stfleur@ymcaofmewsa.org

2022-2023 FEE INFORMATION (prices guaranteed thru 6/16/2023)

The Metuchen YMCA Ready, Set, Learn Program runs for ten (10) months (September – June). Tuition is paid to the Metuchen YMCA Pay the Monday of the week prior

MEMBERSHIP TO THE METUCHEN BRANCH YMCA

EVERY child must have at least a Program Membership in order to participate. This fee is to be paid with, or prior to, your first month's payment. This membership is yearly and enables the member to participate in programs at the Metuchen YMCA.

CHANGE/CANCELLATION FEES

There is a \$15 cancellation fee for withdrawing your child from the program before June 2023. There is a \$50 fee to hold your child's spot in the program for one month only. A 30 day notice must be provided for any change made to your child's enrollment in the program. All change forms must be approved by the child care director or your child's teacher before the changes will take effect.

FINANCIAL ASSISTANCE

Applications for financial assistance are available at the front desk and they take a minimum of 2 weeks to process. For further information regarding financial assistance, please contact the Director of the program.

CREDIT CARD DRAFT

The YMCA offers a payment option which automatically charges your monthly fees to your designated credit card. This will help with payments being made on time and will avoid late fees. Credit Card Draft Forms are available at the front desk of the Metuchen Y. Credit Cards will be charged on the 1st day of each month for the following month's tuition. (ex. October's payment will be charged on September 1st).

LATE FEES

There is an automatic additional fee of \$20 for any late payment received after the 15th of the month prior. For consecutive late payments or returned checks, the child is subject to dismissal from the program.

ABSENCES

There are no deductions or refunds for missed days, illness, personal vacations, etc. Enrollment in the program requires full tuition payment each month. Please call or email the child care director or your child's teacher if your child is not attending the program for any reason.

LATE PICK-UP OF CHILDREN

For each pick-up later than the child's scheduled pick-up time, there will be a late fee of \$5 for the first ten minutes and \$1 for every additional minute thereafter. Parents must call if they are going to be late.

RELEASES

NO CHILD WILL BE RELEASED TO ANYONE WHOSE NAME DOES NOT APPEAR ON YOUR EMERGENCY CONTACT FORM. Please have all necessary guardians listed on your Emergency Contact form. A written note is needed if your child is to be picked up by anyone whose name does not appear in the Registration Packet. Individuals designated to pick up your child must be over 18 years of age. This is to insure the safety and well-being of your child.

EXPULSION POLICY

The YMCA reserves the right to immediately dismiss any child from our program who is harmful or a threat to the well-being of the other children and staff. Parents are responsible for any damage their child does to the YMCA property, program areas or activity grounds. All children must comply with program rules and regulations. Parents will be informed if any such behavior occurs. Harmful behavior will lead to suspension and possibly expulsion at the discretion of the Director.

PARENT ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payments, failure to complete required forms, habitual tardiness when picking up your child, or physical or verbal abuse to the staff can all lead to the dismissal of your child from our program.

INCLEMENT WEATHER POLICY

For YMCA closings or delayed openings; please view our website or Facebook page. If it is necessary to close early due to severe weather, we will contact you by phone or e-mail.