



# 2024 CHILD CARE REGISTRATION FORM

www.ymcaofmewsa.org/childcare

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CHILD'S INFORMATION

Program Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Optional: Gender \_\_\_\_ Pronouns \_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PARENT/GUARDIAN'S INFORMATION

### Parent/Guardian #1

Name: \_\_\_\_\_ Optional: Gender \_\_\_\_ Pronouns \_\_\_\_

(C): (\_\_\_\_) \_\_\_\_\_ Company: \_\_\_\_\_

(W): (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

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

### Parent/Guardian #2

Name: \_\_\_\_\_ Optional: Gender \_\_\_\_ Pronouns \_\_\_\_

(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.

**(TWO NAMES REQUIRED BY NJ STATE LAW)**

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

Cell: (\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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

Cell: (\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

## FEES

- Pay by credit card/check to YMCA by the 15<sup>th</sup> of the month prior to service (i.e. February tuition is due by January 15<sup>th</sup>).
- Weekly credit card payment will incur a \$3 transaction fee. There will be no charge for EFT transfers, check or monthly credit card payments.
- Any late payments may be subject to a \$20.00 late fee. Late Pickup may be subject of \$2 a minute late fee.
- Any changes to your child's schedule must be requested no less than one week prior to a change. Any changes may be subject to a \$10 change fee.
- A 10% sibling discount will be applied to children simultaneously enrolled in 5-day SACC, KED, or Child Care at any YMCA Child Care Program within the YMCA of MEWSA.
- I understand that I must pay weekly tuition for my child regardless of absence, vacations, or emergency closings to ensure their spot in the program. Weekly rates are based on a program year. Credits are determined on a case basis and are subject to approval.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*PARENTS ARE REQUIRED TO KEEP INFORMATION CURRENT BY CONTACTING THE CENTER WITH ANY CHANGES.\***

## PAYMENT OPTIONS

Please automatically charge my preferred method of payment on file when payments are due. \_\_\_\_\_

We will contact you to collect payment info.

**DO NOT send sensitive information via email.**

I/We would like to help another family in need of child care with a monthly donation that can be canceled or changed at any time. Donation will be charged on the 1st of the month.

\$40    \$25    \$10    \$5    \$\_\_\_\_\_

## TUITION RATES FULL DAY 7:00AM-6:00PM

- 5 days per week    \$271.00/wk
- 3 days per week    \$197.00/wk
- 2 days per week    \$145.00/wk

## HALF DAY 8:30AM-12:30 PM

- 5 days per week    \$176.00/wk
- 3 days per week    \$134.00/wk
- 2 days per week    \$108.00/wk

### If Part-Time, Please Check Appropriate Day(s):

- Monday     Thursday
- Tuesday     Friday
- Wednesday

**\*FEES EFFECTIVE 1/1/2024 – 12/30/2024**

**\*Monthly payments are encouraged and available at a discounted rate**



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## Avenel Learning Center 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. \_\_\_\_\_ *initial*

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. \_\_\_\_\_ *initial*

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. \_\_\_\_\_ *initial*

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. \_\_\_\_\_ *initial*

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. \_\_\_\_\_ *initial*

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. \_\_\_\_\_ *initial*

I have read the registration agreement above and agree to abide by said policies. \_\_\_\_\_ *initial*

I have read and received the following policies ( some are attached and some in the Parent Handbook):

- Information to Parents Document \_\_\_\_\_ *initial*
- Policy on Release of Children \_\_\_\_\_ *initial*
- Positive Guidance and Discipline Policy \_\_\_\_\_ *initial*
- Policy on Methods of Parental Notification \_\_\_\_\_ *initial*
- Policy on Communicable Disease Management \_\_\_\_\_ *initial*
- Expulsion Policy \_\_\_\_\_ *initial*
- Policy on the Use of Technology and Social Media \_\_\_\_\_ *initial*

### HEALTH HISTORY:

Allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_

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Dietary modifications: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Chronic/recurring illnesses: \_\_\_\_\_

Current medications: \_\_\_\_\_

Activity limitations: \_\_\_\_\_

Any other known physical or mental conditions: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

This Health History is correct as far 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 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 my child as named above. This form may be photocopied.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date