



South Amboy Branch YMCA
 200 John T. O'Leary Blvd, South Amboy, NJ 08840
 732.553.9622 • www.ymcaofmews.org

**FOR YOUTH DEVELOPMENT
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY**

School Age Child Care Registration 2019-2020

Transportation Included for those enrolled in public school Pre-K thru 8th Grades.

MUST REGISTER BY 8/25 TO START THE 1st DAY OF SCHOOL (or start 9/9). 2 BUSINESS DAYS' NOTICE AFTER 9/5/19.

Child's Name _____ Grade in Sept. 2019 _____

Start Date ____/____/____ Date of Birth ____/____/____ Gender _____

Street Address _____

City _____ Zip _____

Parent / Guardian #1 Name _____

Primary Phone _____ Alternate Phone _____

Primary Email Address for Billing _____

Company Name _____ Job Title _____

Parent/ Guardian #2 Name _____

Primary Phone _____ Alternate Phone _____

Secondary Email Address for Communication _____

Company Name _____ Job Title _____

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.

Name _____ Relationship to Child _____

Primary Phone _____ Alternate Phone _____

Name _____ Relationship to Child _____

Primary Phone _____ Alternate Phone _____

Parents / Guardians who may not pick-up due to legal circumstances.

(Must provide legal documentation with court order if parent / legal guardian.)

Name _____ Relationship to Child _____

FEE AGREEMENT:

- Fees include planned early dismissals and changes to school calendars, up to and including 180 days, but not including school closure days.
- Fees are due on the 1st of each month and can be paid by credit card, cash, or check made payable to: **YMCA**.
- Credit card draft is available. Cards are drafted on the 1st of the month.
 - Please charge my credit card automatically when payments are due. _____ (initial)
- A \$25 late fee will be automatically applied after the 10th of the month.
- A 10% sibling discount will be applied to children simultaneously enrolled.
- Security deposits are due at the time of registration and will be applied to June's balance. (\$100 for After School / \$50 for Before School)
- **A 30 day written notice is necessary prior to withdrawal to apply security deposit to last month's fee. Waitlists will be open at that time.**

Monthly fees are based on 180 days of school, not including Vacation Camp and Snow Days, which is also available, as needed.
 Follows Sayreville/South Amboy Schools Calendar

Before School Program Drop-Off at the Y at 7am

MONTHLY RATE PLAN:
 5 Days/Week Only
 \$145

After School Program Pick-Up at the Y by 7pm

MONTHLY RATE PLAN OPTIONS:
 3 Days/Wk 4 Days/Wk 5 Days/Wk
 \$285 \$325 \$365

Both Programs 7am-7pm

MONTHLY RATE PLAN:
 5 Days/Week ONLY
 \$485 (savings of \$25/mth to Before Care)

Vacation / Holiday Camp 7am-7pm

DAILY RATE PLAN
 \$40 Family Members / \$65 Program Members

Please Check Appropriate Program(s):

- Before School (Starts 7am w/transportation)
- After School (Until 7pm with transportation)
- Both Programs 5 Days/Week (7am-7pm Flexibility)
- Vacation/Holiday Camp

Please Check School Attending

- ARLETH EISENHOWER TRUMAN
- SAMSEL SAYREVILLE MIDDLE
- SA ELEMENTARY SA MIDDLE

Please Check Days of the Week (After School ONLY)

- Monday Tuesday Wednesday Thursday Friday

Parents are required to keep this information current by informing branch of any changes, in writing.

Parent/Guardian Signature _____ Date ____/____/____



Permission/Informed Consent Agreement & Health History

PERMISSION/AUTHORIZATION (Please initial each item.)

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.

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 and that medication must be in its original container with prescribed instructions.

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 may 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 and received the center's parent handbook.

I have read and received the center's expulsion policy, included in the parent handbook.

I have read and received the center's Information To Parents Document, included in the parent handbook.

I have read and received the center's information on the release on children, included in the parent handbook.

HEALTH HISTORY:

Allergies: _____ Treatment: _____
Allergies: _____ Treatment: _____
Dietary modifications _____
Disabilities _____
Chronic/recurring illnesses _____
Current medications _____
Any other known physical or mental conditions _____

The Y does not dispense any medication unless a Permission To Medicate Form is on file and medicine is in its original container labeled with the child's full name.

Please describe any special needs and how to support your child to be successful at the Y _____

Name of physician _____ Address _____ Phone _____

Date of last physical examination _____

This health history is correct as far as I know, and the child herein described has vaccination records on file with the Board of Education, is in good health and has permission to engage in all the normal activities of the program 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.

Parent/Guardian Signature _____ Date ____/____/____



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MEDICAL DECLARATION STATEMENT

Child's Name: _____

D.O.B.: _____ Grade in September 2019: _____

Child Physician Name: _____

Contact #: _____ Address: _____

Is your child under any medical/physical restriction? Yes No

If yes, please explain below including: Asthma, Hearing Loss, Diabetes, Convulsions, etc:

Has your child been under a doctor's care or hospitalized for a specific condition? Yes No

If yes, please explain:

Is your child allergic to any medications/food/insect stings? Yes No

If yes, please list:

If medication is required during child care, a Permission to Medicate Form must be on file with medication in original container labeled with the child's full name.

Is your child taking any medication the Y should be informed of in case of emergency?

Yes No If yes, please list:

As parent/guardian of the child listed above, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.

Parent/Guardian Signature: _____ **Date:** _____

PARENT

RECEIPT OF INFORMATION:

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

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name:

Parent/Guardian's Name:

Signature

Date