Colonia Learning Center

400 Inman Ave, Colonia, NJ 07067 732-340-9622

www.ColoniaCCC@ymcaofmewsa.org

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 Preschool Registration Form

Start Date: _____

Please Print Clearly: Child's Name_____

Date of Birth___/___/___ Sex M F

Child resides with: Mom, Dad, Both parents, other: _____

Does you child have any special needs that we should know about to provide you with the best possible service? No Yes please explain

_____

Child's Street Address_____

City_____Zip _____

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

Parent #1 Name_____

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

Company Name _____Cell Number(_____)_____

Job Title _____ **Email**_____

Address (if different from child's) _____

Parent Name #2 _ _____

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 _____

FULL DAY PRESCHOOL
BETWEEN 7:00AM TO 6:30PM

5 FULL DAYS $837.00 PER MONTH
4 FULL DAYS $706.00 PER MONTH
3 FULL DAYS $614.00 PER MONTH
2 FULL DAYS $418.00 PER MONTH

HALF DAY PRESCHOOL
8:30AM TO 12:30PM

5 HALF DAYS $558.00 PER MONTH
4 HALF DAYS $465.00 PER MONTH
3 HALF DAYS $372.00 PER MONTH
2 HALF DAYS $279.00 PER MONTH

If Part-Time, Please Check Appropriate Days:

☐ Monday ☐ Tuesday Wednesday

☐ Thursday ☐ Friday

*Please note, the rates are due to change annually. There will be an increase beginning in January. You will be issued a new form to fill out.

A non-refundable, full month's tuition, is due at the time of registration and will be applied to your first month.

Parents are required to keep this information current by contacting Colonia Learning Center with any changes.

TUITION POLICY

- Fees are paid by check or credit card to the **YMCA** by the 15th of the prior month (ie. October payment will be due by the 15th of September).
- Credit/debit card or checking account draft is available. Cards are drafted on the 15th of the month. Please check the box below and call the center with your credit card information if you would like this set up.
- A 5% sibling discount will be applied to the combined payment of siblings enrolled in full time (5 days) programs(SACC, KED or Childcare).
- A $20 late fee may be applied to any tuition payments made after the due date.
- 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 allow 2 or 3 days for change to process.

☐ Please charge my credit card automatically when preschool payments are due.

Parents Signature _____ Amount due _____

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Preschool Permission & Informed Consent Agreement

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 or assistance for my child, as circumstances may require at 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. _____

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 (___)_____
Address of physician_____
Date of last physical examination_____

PLEASE SUBMIT A CURRENT COPY OF YOUR CHILD'S RECORD OF IMMUNIZATION.

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*

PLEASE HAVE CHILD'S DOCTOR FILL OUT THE UNIVERSAL CHILD HEALTH FORM

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