



COLONIA LEARNING CENTER

2021-2022 School Age Holiday Care Registration

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____

Date of Birth _____ / _____ / _____ Grade in Sept. 2021 _____ Sex M F Other

Street Address _____

City _____ Zip _____

<p>Parent/Guardian #1 Name _____</p> <p>Relationship to Child _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other</p> <p>(C) (_____) _____</p> <p>(W) (_____) _____</p> <p>Company Name _____</p> <p>Job Title _____</p> <p>Email _____</p>	<p>Parent/Guardian #2 Name _____</p> <p>Relationship to Child _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other</p> <p>(C) (_____) _____</p> <p>(W) (_____) _____</p> <p>Company Name _____</p> <p>Job Title _____</p> <p>Email _____</p>
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In addition to the parent(s)/guardian(s) listed on this page, the following people are authorized to pick up the child or to be contacted in case of an emergency if neither parent/guardian is available to assume responsibility for the child.

(2 names REQUIRED by NJ State Law)

<p>Emergency Contact #1 _____</p> <p>(C) (_____) _____</p> <p>Relationship to Child _____</p>	<p>Emergency Contact #2 _____</p> <p>(C) (_____) _____</p> <p>Relationship to Child _____</p>
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Parents are required to keep the above information current by contacting Colonia Learning Center with any changes.

<p><input type="checkbox"/> Full Day Holiday Care (7:00– 6:00) @ \$50/day</p> <p><input type="checkbox"/> Partial Day Holiday Care (9:00– 3:30) @\$40/day</p> <p>*Fee includes morning and afternoon snack.</p>	<p><input type="checkbox"/> Nov.1 <input type="checkbox"/> Nov2 <input type="checkbox"/> Nov.3 <input type="checkbox"/> Nov.4 <input type="checkbox"/> Nov5</p> <p><input type="checkbox"/> Dec.27 <input type="checkbox"/> Dec.28 <input type="checkbox"/> Dec.29 <input type="checkbox"/> Dec.30</p> <p><input type="checkbox"/> Jan17 <input type="checkbox"/> Feb21</p> <p><input type="checkbox"/> Apr.18 <input type="checkbox"/> Apr19 <input type="checkbox"/> Apr20 <input type="checkbox"/> Apr21 <input type="checkbox"/> Apr22</p> <p><input type="checkbox"/> June7 <input type="checkbox"/> June20</p>
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EZ PAY CREDIT CARD DRAFT:

As the parent of _____, I authorize you to charge my credit card whenever tuition is due. _____ (INITIAL)

Fees are paid by check or credit card to **YMCA**.
Fees are due the Friday prior to service.

Parent Signature _____ Date _____

Colonia Early Learning Center
YMCA of Metuchen, Edison, Woodbridge & South Amboy
400 Inman Ave, Colonia NJ 07067
(P) 732.340.9622 (F) 732.340.0123
Deanna.smith@ymcaofmewsa.org



COLONIA LEARNING CENTER

400 Inman Avenue • Colonia, NJ 07067

(732) 340-9622

www.ymcaofmewsa.org/childcare

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COLONIA SACC (School Age Child Care)
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 a 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 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 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 _____
Date of last physical examination _____

(initial) 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.

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