



# Metuchen YMCA

65 High Street, Metuchen NJ 08840 732-548-2044

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Preschool & Pre-K Registration Form 2021-2022

Please Print Clearly: Child's Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_M \_\_\_F

Child's Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (H)(\_\_\_\_\_) \_\_\_\_\_

Parent #1 Name \_\_\_\_\_

Phone Number (H)(\_\_\_\_\_) \_\_\_\_\_ (Cell)(\_\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ (W)(\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Email \_\_\_\_\_

Parent #2 Name \_\_\_\_\_

Phone Number (H)(\_\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ (W)(\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Email \_\_\_\_\_

### 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. Must provide first and last name for this person.

Name \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

AM Care is 8:30am to 11:30am

PM Care is 12:30pm to 3:00pm

Full Day is 8:30am to 3:00p

### AM Care Pre-School/Pre-K

5 days per week \$398 per month

4 days per week \$320 per month

3 days per week \$265 per month

2 days per week \$205 per month

### PM Care Pre-School/Pre-K

5 days per week \$368 per month

4 days per week \$297 per month

3 days per week \$241 per month

### Full Day Care Pre-School/Pre-K

5 days per week \$820 per month

4 days per week \$660 per month

3 days per week \$530 per month

### Please Check Appropriate Program:

#### Pre-School Age Restrictions:

Born between 10/1/2018-9/30/2017 (3yr by 10/1/2021)

Pre-School (AM)

Pre-School (full day)

#### Pre-K Age Restrictions:

Born before 10/1/2017 (4yr by 10/1/2021)

Pre-K (AM/PM)

Pre-K (full day)

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

Monday

Tuesday

Wednesday

Thursday

Friday

Parents are required to keep this information current by contacting Metuchen Branch YMCA Preschool with changes.

### FEES

- A Program Membership for \$70.00 is required to enroll in this program.
- Fees are paid by check, or credit card to **Metuchen YMCA** by the 15th of the month prior (ie. September payment will be due by August 15<sup>th</sup>). Credit card draft is available. Cards are drafted on the 1st of the month prior.
- A \$20.00 late fee will be automatically applied after the 15th of the month prior.

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

**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

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

**PLEASE SUBMIT A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORDS**

## 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 any walks, gym time, or swim lessons 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. 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. \_\_\_\_\_

3. 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. \_\_\_\_\_

4. 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. \_\_\_\_\_

5. 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 in the discretion of the YMCA staff, its employees or agents, is hereby authorized by me. \_\_\_\_\_

6. I understand that the YMCA shall provide appropriate chaperones on all field trips, as well as transportation provided by a CDL licensed bus driver. Prior notice will be given wherever possible. \_\_\_\_\_

7. I have read the registration agreement on the first page and agree to abide by said policies. \_\_\_\_\_

8. - 14. I have read and received the following policies (In the Parent Handbook):

- 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 \_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

**Metuchen YMCA Preschool**  
**Tuition Policy**  
**Fees Effective 9/7/21-6/24/22**

- Tuition is paid to the Metuchen YMCA on a monthly basis and is due by the 15<sup>th</sup> of the month prior unless other written arrangements have been approved by the Director of the Center. (ex. September payment will be due by August 15<sup>th</sup>).
- Payments made after the 15<sup>th</sup> day of the month prior will incur a \$20 late fee.
- A non-refundable \$50 deposit is required at the time of enrollment and will be applied to your first month's payment.
- All tuition deposits and payments are non-refundable.
- There is no credit given for vacation days, sick days, or emergency closing days. Your monthly tuition fee is based on 10 equal payments from September through June of the school year.
- Should you take your child out of the program and plan on returning in another month, you can pay \$50 to hold your spot. Your spot will only be held for one month.
- There is a \$15 change fee for any changes made to your child's schedule after September 1, 2021. All change forms must be approved by the child care director or your child's teacher before the changes can take effect.
- A 30 day notice must be provided for any changes made to your child's current enrollment.