YMCA at the Piscataway Community Center
Supplemental Education Camp
Registration Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD'S INFORMATION

Program Start Date: _____/_____/_____

Name: _____

Date of Birth: _____/_____/_____ Sex: ❒M ❒F ❒Other

Street Address: _____

City, State: _____ Zip Code: _____

PARENT/GUARDIAN'S INFORMATION

Parent/Guardian #1

Name: _____ Sex: ❒M ❒F ❒Other

(C): (_____) _____ Company: _____

(W): (_____) _____ Job Title: _____

Email: _____

Parent/Guardian #2

Name: _____ Sex: ❒M ❒F ❒Other

(C): (_____) _____ Company: _____

(W): (_____) _____ Job Title: _____

Email: _____

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

In addition to the parent who has 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. **Two names are required by NJ State Law.**

Name: _____

Cell: (_____)_____ Relationship to Child: _____

Name: _____

Cell: (_____)_____ Relationship to Child: _____

TUITION INFORMATION

- Fees are paid by check or credit card to The *Piscataway YMCA* by the Monday of the week prior (i.e. week of September 7th payment will be due by August 31st) Credit card draft is available. Cards are drafted on the Monday of the week prior. Please contact the director to set up the automatic credit card draft.
- Payments made after the Monday of the week prior may be subject to a $20.00 late fee.
- I understand that no fee allowances are made for occasional absences, vacations or emergency closings. Your weekly tuition fee is based on a yearly tuition rate that takes into consideration all closure days.
- The YMCA of Metuchen, Edison, Woodbridge & South Amboy believes that everyone, regardless of age and their financial situation, deserves access to our services to help them live healthier lives and have a chance to realize their full potential. At the Y, no one is turned away because of an inability to pay. Please see your Director to apply for assistance.

Parent Signature _____ **Date** _____

EZ PAY (optional)

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

School-Age Programs
(Grades K-8)

Please select care plan:

For September 2020:

- My child will be in Grade _____
- My child will attend _____

_____
(name of school)

❒ Part-time care (less than 6 hours/day)
❒ Full-time care (more than 6 hours/day)

If part time, what hours of the day do you need care?_____

Please select day(s) of care needed:

❒Monday ❒Tuesday ❒Wednesday ❒Thursday ❒Friday

WEEKLY RATES

	Part-Time	Full-Time
Add-a-Day	$40	$60
2 days/week	$75	$115
3 days/week	$110	$170
4 days/week	$145	$225
5 days/week	$180	$270

* Operating hours are 8:00am - 6:00 pm, Monday - Friday.
** All rates are weekly.
*** You may be eligible for discounts. Ask the Director for details.

Contact Information:
Pamela Cohen
Child Care Director
Pam.cohen@ymcaofmewsa.org
(P)732-662-0545

YMCA at the
Piscataway Community Center
520 Hoes Lane
Piscataway, NJ 08854
(732)562-2302

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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. 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 both YMCA and Piscataway Township 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 my require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. _____

I have read the registration agreement on the prior page and agree to abide by said policies. _____

I have read and received the following policies (In the Parent Handbook):

- 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 _____

HEALTH HISTORY:

***If any medication/treatment for your child is listed below, please ask the office staff for additional medical paperwork. Please note, the center must be provided with the medication, in it's original pack, with the prescription label on it and the additional paperwork, before your child begins attending the program.

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)*

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