



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTH AMBOY YMCA Ready...Set...Learn 2018-2019 Registration



Date of Application _____

Ready...Set...Learn Registration 2018-2019

Our Ready, Set, Learn program runs Monday,
September 10- Friday, June 28.

NO CLASS

Thanksgiving: November 22 & 23

Winter Break December: 24 & 25

Memorial Day: May 27

The YMCA is closed on the following dates: Labor Day, Thanksgiving,
Christmas, New Year's Day, Memorial Day.

Ready, Set, Learn currently meets on Monday, Wednesday & Friday ONLY.

Child's Name _____

Date of Birth ___/___/___ Sex: M ___ F___

Child's Street Address _____

City _____ Zip _____

Phone Number (Home)(_____) _____

Parent/Guardian #1 Name _____

Phone Number (Home)(_____) _____ (Cell) (_____) _____

Work Number (_____) _____ Email _____

Parent/Guardian #2 Name _____

Phone Number (Home)(_____) _____ (Cell) (_____) _____

Work Number (_____) _____ 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.

Name _____

Cell (_____) _____ Relationship to Child _____

Name _____

Cell (_____) _____ Relationship to Child _____

If Different From Child's

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.)

Does she/he play well with others? _____

Does she/he play well by her/himself? _____

Hobbies and interests _____

Fears: Describe all fears _____

Please use the other side of this page for 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

Permission & Informed Consent Agreement

PERMISSION/AUTHORIZATION (please initial where indicated)

As parent or guardian of _____ I, _____ grant permission and authorization to the South Amboy YMCA Ready...Set...Learn Program for the following:

1. 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. _____

2. An accident or sudden illness to my child will be treated on the premises of the YMCA Ready...Set...Learn Program 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 YMCA to a designated place determined by me. _____

3. 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. _____

Further, I will inform the YMCA Ready...Set...Learn Program in writing of any changes in my family, address and telephone number or change in my work address and phone number.

Parent's (or Guardian) Signature

Date

Parent's (or Guardian) Signature

Date

Child Care Director's Signature

Date

PAYMENT POLICY

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, sick days or emergency closing days.

Parents please be advised that ALL tuition fees are due by the fifth of each month. A \$20 late fee will be assessed if payment is received after the fifth. We strongly encourage you to sign up for auto-draft at our membership desk to avoid any late payments.

I have read and understand the above policies.

Parent (or Guardian) Signature

Date

GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group and the adult.

Positive discipline is different from punishment. Punishment tells children what they should not do: positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You Can Use Positive Discipline by Planning Ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You Can Use Positive Discipline by Intervening when Necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out by removing a child for a few minutes from the area or activity so that he/she may gain self-control (*One minute for each year of the child's age is a good rule of thumb*).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Do not say "bad boy" or "bad girl". Instead you might say, "that is not allowed here".

You Can Use Positive Discipline by Showing Love and Encouragement

- *Catch the child being good*". Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Do not confuse setting boundaries with being "unloving" and not setting boundaries as "loving". Too liberal parameters for children are not how to show love to your child.

***Positive Discipline takes Time, Patience, Repetition and the Willingness
To Change the Way You Deal with Children,
But it is Worth it because Positive Discipline Works!!!***

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

If a child exhibits any of the following symptoms, he/she should not attend school. If such symptoms occur at school, the child will be removed from the classroom and you will be called to take him/her home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Sore throat or severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected untreated skin patches
- Difficult or rapid breathing
- Skin rashes lasting longer than 24 hours
- Swollen joints
- Visibly enlarge lymph nodes
- Stiff neck
- Blood in urine
- Vomiting

Once the child is symptom free or has a physician's note stating that he/she no longer poses a serious health risk to themselves or others, he/she may return to school.

If a child contracts any of the following diseases, please report it to us immediately. The child may not return to school without a doctor's note stating that the child presents no risk to himself/herself or to others.

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

Respiratory illnesses include: Chicken pox, German measles*, hemophilus influenza*, Measles*, Meningococcus*, Mumps*, Strep throat, Tuberculosis*, Whooping cough.

Gastro-intestinal illnesses include: Giardia Lamblia*, Hepatitis A*, Salmonella*, Shigella*

Contact illnesses include: Impetigo, Lice, Scabies.

*Reportable diseases, as specified in N.J.A.C. 10:122-7, 10 (a).

If your child is exposed to any communicable disease in any of our Child Care programs, the Child Care Director will notify you in writing.

South Amboy YMCA Ready, Set, Learn Program Policies (For Parents to Keep)

CONTACT INFORMATION South Amby Branch YMCA (732)553-9622

Ready, Set, Learn Director: Tara Francis Ext. 4210 E-mail: tara.francis@ymcaofmewsa.org

2018-2019 FEE INFORMATION (prices guaranteed thru 6/30/19)

The South Amboy YMCA Ready, Set, Learn Program runs for ten (10) months (September – June). Each month's tuition is due by the 25th of the month prior. (i.e. September's payment is due by August 25th). The monthly fee is based on 10 equal payments. Total monthly fees are required regardless of the number of program days in a month.

Monday, Wednesday, & Friday: Full Facility Members \$192.00/month

Program Members \$210.00/month

MEMBERSHIP TO THE SOUTH AMBOY BRANCH YMCA

EVERY child must have at least a Program Membership in order to participate. This fee is to be paid with, or prior to, your first month's payment. This membership is yearly and enables the member to participate in programs at the Metuchen YMCA.

CHANGE/CANCELLATION FEES There is a \$15 cancellation fee for withdrawing your child from the program before June 2019. There is a \$50 fee to hold your child's spot in the program for one month only. A 30 day notice must be provided for any change made to your child's enrollment in the program. All change forms must be approved by the child care director or your child's teacher before the changes will take effect.

FINANCIAL ASSISTANCE Applications for financial assistance are available at the front desk and they take a minimum of 2 weeks to process. For further information regarding financial assistance, please contact the Director of the program.

CREDIT CARD DRAFT The YMCA offers a payment option which automatically charges your monthly fees to your designated credit card. This will help with payments being made on time and will avoid late fees. Credit Card Draft Forms are available at the front desk of the Metuchen Y. Credit Cards will be charged on the 25th day of each month for the following month's tuition. (ex. October's payment will be charged on September 25th).

LATE FEES There is an automatic additional fee of \$20 for any late payment received after the 25th of the month prior. For consecutive late payments or returned checks, the child is subject to dismissal from the program.

ABSENCES There are no deductions or refunds for missed days, illness, personal vacations, etc. Enrollment in the program requires full tuition payment each month. Please call or email the child care director or your child's teacher if your child is not attending the program for any reason.

LATE PICK-UP OF CHILDREN For each pick-up later than the child's scheduled pick-up time, there will be a late fee of \$5 for the first ten minutes and \$1 for every additional minute thereafter. Parents must call if they are going to be late.

RELEASES NO CHILD WILL BE RELEASED TO ANYONE WHOSE NAME DOES NOT APPEAR ON YOUR EMERGENCY CONTACT FORM. Please have all necessary guardians listed on your Emergency Contact form. A written note is needed if your child is to be picked up by anyone whose name does not appear in the Registration Packet. Individuals designated to pick up your child must be over 18 years of age. This is to insure the safety and well-being of your child.

EXPULSION POLICY The YMCA reserves the right to immediately dismiss any child from our program who is harmful or a threat to the well-being of the other children and staff. Parents are responsible for any damage their child does to the YMCA property, program areas or activity grounds. All children must comply with program rules and regulations. Parents will be informed if any such behavior occurs. Harmful behavior will lead to suspension and possibly expulsion at the discretion of the Director.

PARENT ACTIONS FOR CHILD'S EXPULSION Failure to pay/habitual lateness in payments, failure to complete required forms, habitual tardiness when picking up your child, or physical or verbal abuse to the staff can all lead to the dismissal of your child from our program.

INCLEMENT WEATHER POLICY For YMCA closings or delayed openings; please view our website or Facebook page. If it is necessary to close early due to severe weather, we will contact you by phone or e-mail.