



# School Age Child Care Registration 2019-2020

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

Grade in Sept. 2019 \_\_\_\_\_ SACC Start Date \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_

Does your child have any special needs that we should know about to provide you with the best service possible?  no  yes please describe \_\_\_\_\_

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

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

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

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

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

Company Name \_\_\_\_\_ Cell Number( \_\_\_\_\_ )

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

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

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

Company Name \_\_\_\_\_ Cell Number( \_\_\_\_\_ )

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.

Name \_\_\_\_\_

Cell ( \_\_\_\_\_ ) Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Cell ( \_\_\_\_\_ ) Relationship to Child \_\_\_\_\_

### Option A

(After School Care *including half days/ not including* snow days/holiday care)  
 Follows Metuchen/Edison Public Schools calendar  
ONLY.

RATES:  
 5 days 4 days 3 days  
 \$383 \$372 \$364

### Option B

(After School Care *including* half days, snow days and holiday care)  
 Follows Metuchen/Edison Public Schools calendar  
ONLY.

RATES:  
 5 days 4 days 3 days  
 \$422 \$397 \$387

**Before School Care for Metuchen public schools**  
 is available for \$161 per month.

#### \*Extended SACC Time\*:

Parents/Guardians will have the option to add our new extended pick up time. We are extending our program until 7PM for an extra monthly fee of \$55.

#### Please Check Appropriate Program(s):

- Option A
- Option B
- Before School Care (only Metuchen Schools)
- Extended Care 7pm
- Option A with Before School Care
- Option B with Before School Care

#### Schools

- Ben Franklin
- Lincoln
- Moss
- Edgar
- St. Francis
- Campbell
- James Monroe

#### 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 with changes.**

### FEES

- Fees are paid by check, cash, or credit card to **Metuchen Branch YMCA** by the 1st of the month. Credit card draft is available. Cards are drafted on the 1st of the month. Payments are made one month in advance (i.e. August 1st payment is for September, September's payment due September 1st is for October)  
 Please charge my credit card automatically when SACC payments are due. \_\_\_\_\_ (initial)
- A \$25 late fee will be automatically applied after the 10<sup>th</sup> of the month.
- A 10% sibling discount will be applied to children simultaneously enrolled in full time SACC, KEDs, and in one of our Child Care Centers.
- A 3% discount will be applied to your payment if you have a current family membership at the Metuchen YMCA.
- A \$50.00 security deposit is due at the time of registration and will be applied to your first months payment.

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

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



**Metuchen Branch 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 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. \_\_\_\_\_

I have read and received the center's information on the release on children. \_\_\_\_\_

**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 \_\_\_\_\_

**PLEASE SUPPLY US  
 WITH A COPY OF  
 YOUR CHILD'S  
 IMMUNIZATION  
 RECORD.**

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



## INFORMATION TO PARENTS

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Under provisions of the **Manual of Requirements for Child Care Centers** (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements, and other child care matters. The center may comply with these requirements by: 1) reproducing and distributing to parents this written statement, prepared by the Bureau of Licensing in the Division of Youth and Family Services (DYFS); or 2) incorporating the required information in its own handbooks, brochures, or other informational materials. In keeping with these requirements, the center must secure every parent's signature attesting to his or her receipt of the information.

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Our Center is required to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.) and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.) Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609)292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice or (800) 514-0383 (TTY)).

Our Center is required by the State Child Care Licensing Law to be licensed by the Bureau of Licensing of the New Jersey Division of Youth and Family Services. A copy of our current license must be posted in a prominent location at our Center. Look for it when you're at the Center.

To be licensed, our Center must comply with the **Manual of Requirements for Child Care Centers** (the official licensing regulations). The regulations cover such area as: physical environment/life-safety; staff qualification, supervision, and staff/child ration; program activities and equipment; health, food, and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our Center must have on the premises a copy of the "Manual of Requirements" and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the **Manual of Requirements for Child Care Centers**, for a nominal fee, by writing to the *Bureau of Licensing, Division of Youth and Family Services, CN 717, Trenton, New Jersey 08625*.

We encourage parents to discuss with us any questions or concerns about the policies and programs of the Center or the meaning, application, or alleged violations of the "Manual of Requirements." We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our Center may be in violation of licensing standards, you are entitled to report them to them to the Bureau of Licensing. Of course, we would appreciate your bringing these concerns to our attention, also.

Our Center must have a policy concerning the release of children to parents or people authorized by the parents(s) to be responsible for the child. Please discuss with us your plans for your child's departure from the Center.

Our Center must have a policy about dispensing medicine and the management of communicable diseases. Please talk about these policies so we can work together to keep our children healthy.

Parents are entitled to review the Center's copy of the Bureau of Licensing's Inspection/ Violation Reports on the Center, which are issued after every State licensing inspection of our Center. If these is a licensing complaint investigation, your are also entitled to review the Bureau's Complaint Investigation Summary Report, as well as any letters of enforcement or other action taken against the Center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our Center must cooperate with all DYFS inspections/investigations. DYFS staff may interview both staff members and children.

Our Center must post it written statement of philosophy on child discipline in a prominent location and make copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our Center must post a listing or diagram of those rooms and areas approved by the Bureau of Licensing for the children's use. Please talk to us if you have any questions about the Center's space.

Our Center must offer parents of enrolled children ample opportunity to participate in and observe the activities of the Center. Parents wishing to participate in the activities or operations of the Center should discuss their interest with the Director, who can advise them of what opportunities are available.

Parents of enrolled children may visit the Center at any time without having to secure prior approval from the Director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our Center must inform parents in advance of every field trip, outing, or special event away from the Center, and must obtain prior written consent from parents before taking a child on such trips.



## EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from this Center:

### **PARENTAL/GUARDIAN'S ACTIONS FOR CHILD'S EXPULSION (INCLUDING, BUT NOT LIMITED TO ANY ADULT RESPONSIBLE FOR DROPPING OFF OR PICKING YOUR CHILD)**

- Failure to pay, habitual lateness in payments
- Habitual tardiness when picking up your child
- Physical or verbal abuse to staff
- Sexual harassment of staff
- Failure to complete required forms including child's immunization forms
- Failure or refusal to abide by Center policies and procedures

### **CHILD'S ACTIONS FOR EXPULSION**

- Inability of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or children
- Excessive biting

### **PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION**

- Staff will try to redirect child from negative behavior
- Staff will re-assess classroom environment, appropriateness of activities, supervision
- Staff will always use positive methods and language when disciplining children.
- Staff will praise appropriate behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- A brief time-out will be given so child can regain control
- Child may lose certain privileges
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of behaviors that might lead to expulsion
- The director, classroom staff, and parent/guardian will have a conference to discuss how to promote positive behaviors
- The parent will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation on premises
- Recommendation of evaluation by local school district child study team

### **SCHEDULE OF EXPULSION**

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the Center.

The parent/guardian will be informed regarding the length of the expulsion period

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the Center

The parent/guardian will be given a specific expulsion date that allows the parent an adequate amount of time to seek alternate child care (approximately one to two weeks depending on risk to other children's or staff welfare or safety)

Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the Center

### **A CHILD WILL NOT BE EXPELLED SOLELY FOR THE FOLLOWING REASONS:**

If a child's parent(s):

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the Center.
- Questioned the Center regarding policies and procedures.
- Without giving sufficient time to make other child care arrangements.



## Policy on The Release of Children

Each child may be released only to the child's parents(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parents(s) cannot be reached.

If a non-custodial parent(s) or person(s) authorized by the parent(s) fails to pick a child at the time of the center's daily closing, the center shall ensure that:

1. The child is supervised at all times;
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
3. An hour or more after closing time, and provided that other arrangements for the releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the 24 hour Child Abuse Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. The child may not be released to such an impaired individual;
2. Staff members attempt to contact the child's other parent or an alternative person (s) authorized by the parent(s); and
3. If the center is unable to make alternative arrangements, a staff member shall call the 24 hour Child Abuse Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child.

For school age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).