



School Age Child Care Registration 2018-2019

Please Print Clearly: Child's Name _____

Grade in Sept. 2018 _____ SACC Start Date _____ Date of Birth ___/___/___ Sex ___M ___F

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 _____

Primary Parent _____

Phone Number (H)(_____) (C)(_____)

Company Name _____ (W)(_____)

Email _____

Parent #2 Name _____

Phone Number (H)(_____) (C)(_____)

Company Name _____ (W)(_____)

Email _____

Includes half days, snow days, and holiday care when our building is open for the days you are registered
 Follows South Amboy/Sayreville Public School calendar ONLY.

Monthly Fees:

Days	After Care	Morning Care
5	\$350	\$136
4	\$310	\$123
3	\$271	\$110
2	\$195	\$85
Days	Extended Care	Holiday Care
2/3	\$20	<input type="checkbox"/> Full Facility Members \$50 per day <input type="checkbox"/> Non Members \$70 per day
4/5	\$30	

Emergency Contacts & Pick-Up Authorization

In addition to the parent(s) who have signed above, 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 less than 5 days, please check appropriate day(s):

- Monday Tuesday Wednesday
 Thursday Friday

***RETURN PICK UP @ SOUTH AMBOY**

If your child is participating in an extra afterschool activity we can have staff walk and pick them up between 3:45 & 4pm for an extra monthly fee of \$15.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Please Check Appropriate Program(s):

- After Care dismissal until 6:30pm
 Extended Care dismissal until 7pm
 Morning and After Care 7am to start of school; dismissal to 6:30pm
 Morning Care 7am to start of school
 Return Pick Up from South Amboy only at 3:45pm

Schools

- South Amboy Middle South Amboy Elementary
 Eisenhower UES
 Truman Arleth

Parents are required to keep this information current by contacting South Amboy Branch YMCA with changes.

FEES

- All payments are due on the 25th of the month prior to attendance (i.e. September payment due August 25th).
 Please charge my credit card automatically when SACC payments are due. _____ (initial)
- A \$25 late fee will be automatically applied after the 25th of the month prior to attendance.
- A 20% sibling discount will be applied to children simultaneously enrolled in full time SACC.
- A \$50.00 security deposit is due at the time of registration and will be applied to your first months payment.
- A 30 day written notice is necessary prior to withdrawal. The deposit will be applied to the last month.**

Parents are required to keep this information current by contacting South Amboy Branch YMCA with changes.

Parent Signature _____ Date _____



South Amboy Branch YMCA
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**FOR YOUTH DEVELOPMENT
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY**

**South Amboy 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. _____

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*

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

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