

Permission and 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 indoor and outdoor play 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. An accident or sudden illness to my child will be treated on the premises of this YMCA 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 this YMCA Program 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. _____

4. I hereby permit, consent and authorize photographs, videotapes and audio recordings made of my child while at Ready, Set, Learn as an individual or part of a group, with or without text in Y publication. _____

Further, I will inform the Ready, Set, Learn program in writing of any changes in my family, address and telephone number.

Parent's Signature _____ Date _____

Metuchen Branch YMCA

65 High Street, Metuchen, NJ 08840

www.ymcaofmews.org

732.548.2044



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ready, Set, Learn (YTots) Summer 2018

A great place for your child to have a
fun-filled summer!



For children ages 20 months-3 years
This YMCA program meets M-W-F from 9am-11am
Located in the Community Presbyterian Church
75 Glenville Road
Edison, NJ 08817

Ready, Set, Learn Information

Welcome to the Summer 2018!

Ready, Set, Learn is a fun-filled two hour program which offers a wonderful range of activities to keep your child engaged and having fun. Each week activities will include; story time, music, arts & crafts, snack, indoor play, outdoor playground time, water fun and much more! Your child will have the opportunity to make new friends, explore their environment and participate in age appropriate activities in a safe and nurturing space.

Your child does not have to be potty trained to attend!
This is a drop off program, parents do not have to stay with their child.

Dates: 7 weeks from July 9– August 31

Time: 9am–11am

Meets: Monday – Wednesday – Friday

Cost: \$65 per week

Registration Procedures and Payments:

- Registration will begin on April 1st.
- Registration and billing is available online at ymcaofmewsa.org or through the membership service desk of the Metuchen YMCA.
- Online registration is available until July 1, 2018.
- All children must be current members of the Metuchen YMCA. (Family or Program Members) or pay a registration fee of \$50.
- A \$15 deposit is required for each week. The deposit is non-refundable and non-transferable.
- Payment due dates:
Weeks 1–4 due July 1st & Weeks 5–7 due August 1st
- There are no credits or refunds for absences.

Contact us at: 732-548-2044

Pamela Cohen ext.2226– Child Care Director

Pam.Cohen@ymcaofmewsa.org

Anna Flis ext.2229– Billing

Anna.flis@ymcaofmewsa.org

Miss Kathy– Lead Teacher, YTots@ymcaofmewsa.org

Ready, Set, Learn Phone #732-585-8626 (only call during program hours)

Ready, Set, Learn Registration Form

Child's Name _____ Today's Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____

Date of Birth _____ Male _____ Female _____

Parent #1 (Mother's) Name _____

Cell (____) _____ E-mail _____

Parent #2 (Father's) Name _____

Cell (____) _____ E-mail _____

Does your child have any allergies or food restrictions? Please list: _____

Does your child have any special needs we should know about to provide you with the best service possible? Indicate here: _____

Emergency Contacts & Pick-Up Authorization:

In addition to the parent(s), 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 _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Please check box for each week that your child will attend.

Week 1 July 9	No Session	Week 2 July 23	Week 3 July 30	Week 4 Aug 6	Week 5 Aug 13	Week 6 Aug 20	Week 7 Aug 27
	X						

Parent Signature _____ Date _____

Please turn over 