



# YMCA of Metuchen, Edison, Woodbridge & South Amboy School Age Child Care Registration Form

The largest provider of Child Care in Middlesex County

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

- **Please note:** participation in 2020-2021 YMCA School Age programs will NOT guarantee your child a spot.
- Fees are paid by check or credit card to YMCA of MEWSA by the Monday of the week prior (i.e. week of July 13th payment will be due by July 6th). Credit card draft is available. Cards are drafted on the Monday of the week prior. Please contact the office to set up 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)

## Grades K-8

7:30am-5:30pm  
Monday-Friday

## WEEKLY RATES

	School Day (8am-2pm)	After Care Add-On (1pm-5:30pm)
Add-a-Day	\$40	\$20
2 days/week	\$75	\$40
3 days/week	\$110	\$60
4 days/week	\$145	\$80
5 days/week	\$180	\$90

### Please select location:

- Colonia Learning Center  
400 Inman Ave., Colonia (732) 340-9622
- Indiana Avenue School #18  
256 Indiana Ave., Iselin
- Avenel Street School #4/5  
230 Avenel St., Avenel (732)-636-1100

\* Please call Avenel Learning Center at (732) 636-1100 for further information about registration at any of the above school locations.

### Please select care plan:

For October 2020,  
• My child will be in Grade \_\_\_\_\_  
at \_\_\_\_\_  
(name of school)

- School Day (7:30am-2pm)  
 After Care Add-On (1pm-5:30pm)

### Please select day(s) of care needed:

- Monday  Tuesday  
 Wednesday  Thursday  Friday

\* All rates are weekly.  
\*\* FINANCIAL ASSISTANCE available. You may be eligible for discounts. Ask the Center Director for details.



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## Permission/Informed Consent Agreement & Health History

### PERMISSION/AUTHORIZATION (please INITIAL next to each line)

- \_\_\_\_\_ As the parent/guardian of \_\_\_\_\_, I give permission for my child to participate in Y programs, including any walks & 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 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 received a copy of and read the Child Abuse Prevention Document and Parent Handbook.
- \_\_\_\_\_ I have read the registration agreement above and agree to abide by said policies in both the Parent Handbook and Registration Form.

### 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 its 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: \_\_\_\_\_

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)

Pediatrician Name: \_\_\_\_\_

Pediatrician Address: \_\_\_\_\_

Pediatrician Phone Number: \_\_\_\_\_

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