

SCHOOL'S OUT REGISTRATION PACKET

2017-2018 SCHOOL YEAR



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA Camp Ockanickon, Inc.
1303 Stokes Road, Medford NJ 08055**

Phone: 609.654.8225

Fax: 609.654.8895 Web: www.ycamp.org Email: registration@ycamp.org

Tax ID # - 21-0635054

Please be advised that YMCA Camp Ockanickon, INC. will attempt to provide childcare for all of our participants. However, we do not have the resources to provide individualized, one-on-one supervision.

SCHOOL'S OUT

Child's Information

Desired Start Date: _____ Child's School: _____

Child's Schedule: Before School: M ___ T ___ W ___ TH ___ F ___ Drop In ___
 After School: M ___ T ___ W ___ TH ___ F ___ Drop In ___

Attach Child's
Photo Here, if
Available

Child's Name: _____ Male Female

Home Address: _____ Age: _____

City, State, Zip: _____ Birthdate: _____

Home Phone: _____ Grade Entering Sept '17: _____

Parent/Guardian Information

Parent 1 or Legal Guardian

Last Name: _____

First Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Email: _____

Parent 2 or Legal Guardian

Last Name: _____

First Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Email: _____

Joint Custody Information

Has there been a divorce or separation? Yes No If Yes, who has custody? _____

Can the joint/non-custodial parent pick-up the child? Yes No

If not, or contact is limited by a court order, you MUST provide appropriate court documentation.

The joint/non-custodial parent should (circle all that apply): Be contacted in an emergency Receive duplicate mailings Receive invoice

Emergency Contacts (Two alternative contacts that the child(ren) may be released to if parents are unavailable)

Emergency Contact #1

Name: _____

Relationship: _____

Cell Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Cell Phone: _____

Medical Questions to help us provide the best care possible

Has your child been diagnosed or treated for the following:

- Asthma Allergies to Insect Stings Allergy to Poison Ivy
 Allergies Seizures ADD/ADHD
 Special Dietary Needs Spectrum Disorder Other _____

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for: _____

Any additional information that may be helpful to us: _____

Please list current medications, prescribed or over-the-counter, that you child is currently taking:

Would you like to discuss your child's personal or medical needs with the School Aged Child Care Director?

Yes No

Best time of day to be contacted: _____

Parent/Guardian Signature: _____ Date: _____

Information Added to Licensing Documents

Email Confirmation Sent: _____

Office Use Only: _____

SCHOOL'S OUT

Parents / Guardians: Please print child(ren) name(s) below and initial and sign where indicated.

CHILD'S NAME _____ SCHOOL _____

CHILD'S NAME _____ SCHOOL _____

CHILD'S NAME _____ SCHOOL _____

CHILD'S NAME _____ SCHOOL _____

CHILD'S NAME _____ SCHOOL _____

Parent Statement of Understanding

The following information is important to the safety and protection of your child(ren).

Please read this information, initial and sign where indicated and return with the registration packet(s). Only one Parent Statement of Understanding per family is necessary. **Please list all children above.**

- I understand that an adult over the age of 18 must physically walk my child(ren) into the program and sign my child(ren) in and out each day.
- I understand that I am not to leave my child(ren) at the Y program site unless a Y Staff or volunteer is there to receive and supervise my child(ren).
- I understand that the Y staff and volunteers are not allowed to babysit or transport my child(ren) at any time outside the Y program. Immediate disciplinary action will be taken toward the staff or volunteer if a violation is discovered.
- I understand that my child(ren) will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child(ren), including older siblings or other relatives must be listed with the Y and must be over the age of 18.
- I understand that if a person arrives to pick up my child(ren) and appears to be under the influence of drugs or alcohol, for the safety of my child(ren), staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that I can help ensure my child(ren)'s safety by taking an active interest in his or her Y experience. I will monitor volunteer and staff interactions with my child(ren) and ask my child(ren) specific questions about program activities and volunteer/staff relationships with my child(ren).
- I understand that the YMCA is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA discourages the use of electronic equipment during program time. The YMCA will not be responsible for any lost, damaged or stolen property.
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand in the case of an emergency, my child(ren) may be taken to the hospital and treated by emergency room physicians.
- I have received, read and understand the School's Out Program Parent Handbook and agree to all the policies contained therein.
- The Y has permission to use any photos, voice recordings or videos taken of my child(ren) for any and all promotional purposes.
- My child(ren) is in good health and can participate in the normal activities of the program.
- I agree to follow the School's Out Payment Policies.

Parent/Guardian's Name

(Please Print) _____

Parent/Guardian's Signature _____

Date: _____

YMCA CAMP OCKANICKON, INC.

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent/guardian of a child enrolled at our center, with the informational statement contained on Pages 16-17 of the School's Out.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline (877) NJ ABUSE/ (877) 652-2873.

Please read the complete information found on Pages 16-17 of the Parent Handbook, then complete the below section and return it to camp. If you have any questions, feel free to contact us at (609) 654-8225.



SCHOOL'S OUT PROGRAM

Please complete with names of all registered children and return this portion to the camp office with your registration. (Please print)

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Parent/Guardian: _____

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Signature: _____ **Date:** _____

YMCA CAMP OCKANICKON, INC. PROGRAM WAIVER

YMCA Camp Ockanickon, Inc. (the Camp) conducts its programs with the best interests of all participants in mind. The Camp attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the Camp are designed to further the educational, motivational and charitable objectives of the Camp. Nonetheless, participants must understand that some of the activities may involve inherent risks and hazards for which the Camp cannot be held responsible. Because of the nature of activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the Camp cannot be held responsible in the event that injury occurs.

The undersigned represents that it knows of no legal, physical or health reason why he or she or the participating child (if the participant is a minor) cannot fully participate in the registered program.

The undersigned understands that due to the nature of activities, there may be instances where we cannot accommodate children whose needs are beyond the scope of our services. YMCA Camp Ockanickon, Inc. in its sole discretion, reserves the exclusive right to refuse any registration and/or dismiss any child for any reason.

The undersigned gives permission for the participating child to be transported for approved activities.

The undersigned grants YMCA Camp Ockanickon Inc. full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken by the Camp and its agents of me and/or my child while the child is participating.

The undersigned affirms that they have read, understand and agree with the entirety of the 2017-2018 Parent Handbook and have reviewed, understand and agree to the terms. Further, the undersigned affirms they have reviewed the materials with their child.

By signing below, the undersigned hereby acknowledges that it is understood that YMCA Camp Ockanickon, Inc. is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

Signature of Applicant/Parent Date

Print Name of Applicant/Parent Date

Print Name of Child in Program

Print Name of Child in Program

Print Name of Child in Program

Print Name of Child in Program

MEDICATION PERMISSION SLIP

I (parent/guardian), _____, give permission to the School's Out Staff to administer the following prescription medicine to (child) _____ in accordance with the directions provided by the doctor and parent(s).

Prescription medication must be in the original container with the complete pharmacy label attached. Non-prescription medication must be in its original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. The parent or a healthcare professional designated by the parent must instruct the staff on the proper use and administration of the medication. Please indicate if the child has permission to self-administer medication with the oversight of the School's Out staff. The medication must be handed to the Site Supervisor and not left in the possession of the child. It is requested that only one School's Out days dosage of medicine be at School's Out at any one time. (See medication information on pages 9-11 of your Parent Packet.)

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

To be self-administered with the supervision of School's Out Staff: ___ yes ___ no

Any special reactions to be aware of?

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

Any special reactions to be aware of?

Parent/Guardian Signature

Date

Behavior Questions to Help us Provide the Best Possible Care for Your Child

The questions that follow are designed to help us get to know your child better, so we can provide the best possible care to ensure your child's success in our program. Our priority is ensuring that all School's Out participants enjoy a safe atmosphere in which they can continue to learn, develop, and grow while not in school. Our before and after school programming is so much more than childcare, rather, it is value-added care – so please help us to ensure that we can best support your child in our program. Finally, please note that completion of the questions below is voluntary, and will not have any bearing on your child's enrollment in our program.

Does your child have an 'Individualized Education Program' ("IEP")?

Yes No

If so, and the IEP involves behavioral concerns, are you willing to share a copy of the IEP with our School Aged Childcare Director ("Director")?

Yes No

If you are not comfortable sharing the IEP, are you comfortable with our Director reaching out to you to discuss how your child can have success in our program and how we can best support your child?

Yes No

Does your child have a 1-to-1 aide while at school?

Yes No

If so, may our Director contact you to discuss how we can best support your child in our program in the event that a 1-to-1 aide cannot be provided by the district while your child is in our program?

Yes No

Are there any other behavioral concerns of which we should be aware to best support your child in our program?

**SCHOOL'S OUT PROGRAM
CREDIT CARD AUTHORIZATION CHARGE FORM**

(Check spelling for accuracy)

Child's First Name

Child's Last Name

Name: 1) _____
2) _____
3) _____
4) _____

Home Address: _____

School: _____ Home Phone: _____

Payment Amount: \$_____ Credit Card Type: ↑Amex ↑Discover ↑MC ↑Visa

Card # _____ Exp. Date: _____ Sec. Code # _____

Name on Card: _____

Billing Address (If different): _____

I, _____, have read and understand the terms and conditions and hereby give authority to YMCA Camp Ockanickon to charge my charge card indicated above for monthly tuition payments. Additionally, I authorize YMCA Camp Ockanickon to charge the credit card indicated above for any extra services (i.e. drop in charges, late pick-up fees, etc...) that may be incurred during the school year.

Cardholder's signature: _____ Date: _____

Terms and Conditions:

1. I understand that these payments will remain in effect for 10 payments.
2. I understand that if I wish to terminate or change my payments in any way, I must give the YMCA 30-day written notice.
3. Should any automatic payment not be honored for any reason, I am still responsible for the payment plus any service charges that may be applied by the YMCA.
4. Automatic payments will be processed on the 25th day of each month with the exceptions if the 21th is a weekend or Holiday, the payment will be processed the next business day. November 2017 payment will be charged 11/21 and December 2017 payment will be charged 12/21.
5. Monthly statements will not be mailed. If you would like a statement, please contact YMCA Camp Ockanickon.

Please be aware that monthly tuition is not based on the particular number of days each month that your child may be attending. Tuition is an annual cost that is paid in 10 equal monthly payments that account for 180 days of school, scheduled half days and scheduled two hour delays.