



SCHOOL'S OUT REGISTRATION PACKET 2018-2019 SCHOOL YEAR



**YMCA of the PINES
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 of the Pines will attempt to provide childcare for all of our participants. However, we do not have the resources to provide individualized, one-on-one supervision.

Participant'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* ___

*All Drop-In Participants must have a completed Credit Card Authorization Charge Form on file. See page 7 of this packet.

Attach Child's Photo Here, if Available

Child's First Name: _____ MI: _____ Last Name: _____ Male Female

Home Address: _____ Age: _____ Birthdate: _____

City, State, Zip: _____ Grade Entering Sept '18: _____

Camper race (for reporting purposes): () White () White, non/Hispanic Latino () Black or African American () Asian

Parent/Guardian Information

Parent 1 / Legal Guardian Lives with (circle one): Yes No

Parent 2 / Legal Guardian Lives with (circle one): Yes No

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Relationship: _____

Relationship: _____

Address (if different from above) _____

Address (if different from above) _____

Employer _____ Work Phone: _____

Employer: _____ Work Phone: _____

Cell: _____ Home: _____

Cell: _____ Home: _____

Email: _____

Email: _____

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 / invoices

Mailing _____ Email: _____

Emergency Contacts / Alternative Authorized Pick-Up

Emergency Contact #1

Name: _____

Relationship: _____

Cell Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Cell Phone: _____

Medical Questions

Has your child been diagnosed or treated for the following:

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

Please provide details for any of the above checked boxes:

Family Physician Information

Physician's Name: _____

Phone Number: _____

Insurance Carrier: _____

Policy Number: _____

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 your 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: _____

Parent/Guardian: Please print participant's name below and sign where indicated.

See our new REFER A FRIEND policy in our Family Handbook to receive 20% off your first monthly payment. Please print participant's first and last name clearly.

I would like to refer: _____ or I was referred by: _____

Parent/Guardian Statement of Understanding

The following information is important to the safety and protection of your child. Please read this information, and sign where indicated and return with the registration packet(s). Only one Parent/Guardian Statement of Understanding per child is necessary.

- I understand that an adult over the age of 18 must physically walk my child into the program and sign my child in and out each day.
- I understand that I am not to leave my child at the Y program site unless a Y Staff or Y volunteer is there to receive and supervise my child.
- I understand that the Y staff and volunteers are not allowed to babysit or transport my child at any time outside the Y program. Immediate disciplinary action will be taken toward the Y staff or Y volunteer if a violation is discovered.
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child, 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 and appears to be under the influence of drugs or alcohol, for the safety of my child, 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's safety by taking an active interest in his or her Y experience. I will monitor Y volunteer and Y staff interactions with my child and ask my child specific questions about program activities and Y staff and Y volunteer relationships with my child.
- 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 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 for any and all promotional purposes.
- My child 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 Name
(Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Dear Families:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent/guardian of a child enrolled in our program, with the information contained in the School's Out Family Handbook.

The Family Handbook highlights your right to visit and observe our program at any time without having to secure prior permission; the program'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 Family Handbook, then complete the below section and return it with your registration packet(s). If you have any questions, feel free to contact us at (609) 654-8225.

Please complete with your child's name and return this portion to the camp office with your registration. (Please print)

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 which is located in the School's Out Family Handbook.

Signature: _____ **Date:** _____

YMCA OF THE PINES PROGRAM WAIVER

YMCA of the Pines 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.

I, release and forever discharge YMCA of the Pines from all liability, claims, demands, of whatever nature, either in law or in equity, which arise or may hereafter arise from my participation in the registered program at YMCA in the Pines. This expressly includes, but is not limited to, claims relating to bodily injury, personal injury, illness, death, or property damage, among other claims. I, release and forever discharge YMCA of the Pines from all liability, claims, demands, of whatever nature, either in law or in equity, which arise or may hereafter arise from any first-aid treatment or other medical services rendered in connection with, or as a result of, my participation in the registered program at YMCA of the Pines. Nothing herein shall be construed as waiving any rights, benefits, or entitlements any employees or agents of YMCA of the Pines may have pursuant to the New Jersey Good Samaritan Act, *N.J.S.A. 2A:62A-1*.

I represent that I know of no legal, physical or health reason why the participating minor cannot fully participate in the registered program. By signing this waiver, I am stating that the participating minor is physically and psychologically fit and prepared for the registered program, and if at any time I have any doubts as to whether this is true, I agree to stop participating in the registered program immediately and inform YMCA of the Pines. YMCA of the Pines is committed to providing access and reasonable accommodations for individuals with disabilities. If you think you may need an accommodation to participate in the registered program, please contact Greg Keresztury, Director of Operations, at 609-654-8225.

I waive and expressly grant YMCA of the Pines full rights to copyright, exhibit, and publish in any medium including but not limited to editorial, illustration, promotion, advertising, Internet, or trade all photographic images and video or audio recordings taken by YMCA of the Pines and its agents of the participating minor while participating in the registered program.

I understand that nothing in this Program Waiver shall be construed as waiving any of YMCA of the Pines' rights, benefits, or entitlements pursuant to the New Jersey Charitable Immunity Act, *N.J.S.A. 2A:53A-7*. I understand that this Program Waiver is intended to be as broad and inclusive as permissible by the laws of the State of New Jersey. I also understand that this Program Waiver shall be governed by and interpreted in accordance with the laws of the State of New Jersey.

By signing this Program Wavier, I certify that I am 18 years of age or older, or that I am the legal guardian and/or parent of the minor intending to participate in the registered program, with authority to complete this Program Waiver on said minor's behalf. If I am signing for a minor, all waivers, releases, assumptions of risk, terms of agreement, representations, acknowledgments and certifications apply equally to such minor. By signing this Program Waiver on behalf of a participating minor(s), I expressly give permission for the participating minor(s) to be transported for approved program activities.

By signing the Program Waiver on behalf of a participating minor(s), I affirm that I have read, understand and agree with the entirety of the School's Out Family Handbook, and I have reviewed the Handbook materials with my participating minor child.

Signature of Applicant/Parent

Date

Print Name of Child in Program

Print Name of Applicant/Parent

Date

MEDICATION PERMISSION SLIP

Child's Name _____

Parent/Guardian Signature _____

Date _____

Will your child need any medication while in the School's Out Program? _____ YES* _____ NO

*If checked YES, please provide the information below.

I (parent/guardian), _____, give permission to the School's Out Staff to administer the following prescription medicine to the above named 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 10-11 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?

Child's Name _____

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, do you agree to share a copy of the IEP with our School Aged Childcare Director (“Director”)? (Provision of the IEP is up to the discretion of legal guardian.)

Yes No

If you are not comfortable sharing the IEP, may our Director reach out to you to discuss how your child can be successful 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) _____

Home Address: _____

School: _____ Home Phone: _____

Yearly Registration Fee: \$ _____ Total of Initial Charge: \$ _____ Monthly Amount: \$ _____
(to be charged each month)

Payments for the month of September will be charged upon registration of your child in our system, and will be charged in advance of August 24. If you would like the charge for September to be processed on August 24 rather than upon receipt, please indicate accordingly with submission of your completed registration packet.

Credit Card Type: Amex Discover MC Visa Exp. Date: _____ Sec. Code: _____

Card # _____

Name on Card: _____

Billing Address: _____

Email Address: _____

I, _____, have read and understand the terms and conditions and hereby give authority to YMCA of the Pines to charge my charge card indicated above for monthly tuition payments. Additionally, I authorize YMCA of the Pines to charge the charge card indicated above for any extra services (i.e. drop in fees, 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 monthly payments will be charged each month until May 2019.
2. I understand that if I wish to terminate or change my payments in any way, I must give the YMCA of the Pines 14-day written notice.
3. Should any payment not be honored for any reason, I am still responsible for the payment plus any service charges that may be applied by The Y.
4. Payments will be processed on the 25th day of each month unless the 25th is a weekend or holiday. In such an instance, the payment will be processed the next business day. The amount owed for January 2019 payment will be charged on December 21, 2018.
5. Monthly statements will not be mailed. If you would like a statement, please contact YMCA of the Pines. Please be aware that monthly tuition is not based on the 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.