



# **SCHOOL'S OUT REGISTRATION PACKET 2019-2020 SCHOOL YEAR**



**YMCA of the PINES**

**1303 Stokes Road, Medford NJ 08055**

**Phone: 609.654.8225**

**Fax: 609.654.8895 Web: [www.ycamp.org](http://www.ycamp.org) Email: [registration@ycamp.org](mailto:registration@ycamp.org)**

**Tax ID # 21-0635054**

**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 '19:** \_\_\_\_\_

Camper Race: (For reporting purposes)  White  Hispanic/Latino  Black or African American  Asian  Pacific Islander  American Indian  Two or more races  Decline response

**Parent/Guardian Information**

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

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address (if different from above)** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address (if different from above)** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**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 Address \_\_\_\_\_ 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:**

\_\_\_\_\_

**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 Age Child Care Director?**

Yes  No Best time of day to be contacted: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

I would like to refer: \_\_\_\_\_ -OR- I was referred by: \_\_\_\_\_

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

CHILD'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

**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 program site unless a YMCA of the Pines staff member is there to receive and supervise my child.
- I understand that the staff and volunteers of the YMCA of the Pines are not allowed to babysit or transport my child at any time outside the YMCA of the Pines program. Immediate disciplinary action will be taken toward the YMCA of the Pines staff or 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 YMCA of the Pines 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 YMCA of the Pines volunteer and staff interactions with my child and ask my child specific questions about program activities and YMCA of the Pines staff and volunteer relationships with my child.
- I understand that the YMCA of the Pines 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 of the Pines discourages the use of electronic equipment during program time. The YMCA of the Pines 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 YMCA of the Pines 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: \_\_\_\_\_

**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.**

# PARENT RECEIPT OF INFORMATION

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.

**By checking each box and signing below, you acknowledge that you 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, as well as the information specified below.**

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

*I have read and received a copy of the information/policies listed above.*

Child(ren)'s Name(s): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian 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 YMCA of the Pines attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the YMCA of the Pines are designed to further the educational, motivational and charitable objectives of the YMCA of the Pines. Nonetheless, participants must understand that some of the activities may involve inherent risks and hazards for which the YMCA of the Pines 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 YMCA of the Pines 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 day's dosage of medicine be at School's Out at any one time. (See medication information on pages 10-11 of your Family Handbook.)

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 at school ("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?

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**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: \$\_\_\_\_\_ + Monthly Amount: \$\_\_\_\_\_ = Total of Initial Charge: \$\_\_\_\_\_  
(to be charged each month) (total of registration fee + monthly amount)

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 25.

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

Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Terms and Conditions:

1. I understand that these monthly payments will be charged each month through May 2020.
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 25<sup>th</sup> day of each month unless the 25<sup>th</sup> is a weekend or holiday. In such an instance, the payment will be processed the next business day. The amount owed for January 2020 payment will be charged on December 20, 2019.
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.**

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: \_\_\_\_\_