



**PRINCETON FAMILY YMCA**  
**2015-2016 BEFORE & AFTER SCHOOL**  
**ENROLLMENT FORM**  
**MONTGOMERY TOWNSHIP SCHOOL DISTRICT**

**PLEASE PRINT CLEARLY  
 ONE PACKET PER CHILD**

**STUDENT INFORMATION**

Student's Name	Date of Birth	Age	Grade	Gender
Address	City	State	Zip	
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	

**PLEASE NOTE:** A YMCA Full Facility Youth Membership is **INCLUDED** in tuition

**ENROLLMENT INFORMATION: SAME LOW PRICE!**

**MONTGOMERY TOWNSHIP SCHOOL DISTRICT  
 ORCHARD HILL & VILLAGE ELEMENTARY SCHOOLS**

DAYS PER WEEK	AFTER SCHOOL 5 DAYS	AFTER SCHOOL 4 DAYS	AFTER SCHOOL 3 DAYS	AFTER SCHOOL 2 DAYS	BEFORE SCHOOL
<b>FEE PER MONTH</b> (IF BOTH BEFORE AND AFTER CARE IS NEEDED, PLEASE CIRCLE BOTH OPTION BOXES)	\$245	\$215	\$165	\$140	5 DAYS @ \$245 4 DAYS @ \$215 3 DAYS @ \$165 2 DAYS @ \$140
<b>INDICATE DAYS</b> (PLEASE CIRCLE)	ALL DAYS	M T W R F	M T W R F	M T W R F	M T W R F

**MONTGOMERY TOWNSHIP SCHOOL DISTRICT  
 LOWER MIDDLE SCHOOL**

DAYS PER WEEK	AFTER SCHOOL 5 DAYS	AFTER SCHOOL 4 DAYS	AFTER SCHOOL 3 DAYS	AFTER SCHOOL 2 DAYS	BEFORE SCHOOL
<b>FEE PER MONTH</b> (IF BOTH BEFORE AND AFTER CARE IS NEEDED, PLEASE CIRCLE BOTH OPTION BOXES)	\$312	\$270	\$225	\$180	\$138
<b>INDICATE DAYS</b> (PLEASE CIRCLE)	ALL DAYS	M T W R F	M T W R F	M T W R F	ALL DAYS

School your child attends: ORCHARD HILL    VILLAGE    LOWER MIDDLE

**MULTIPLE CHILD DISCOUNT -**

1<sup>ST</sup> CHILD - FULL TUITION  
 2<sup>ND</sup> CHILD - 10% OFF MONTHLY TUITION APPLIED TO 2<sup>ND</sup> CHILD  
 3<sup>RD</sup> CHILD - 15% OFF MONTHLY TUITION APPLIED TOWARD 3<sup>RD</sup> CHILD

**TOTAL FEE PER MONTH:** \_\_\_\_\_

**Anticipated Start Date:** \_\_\_\_\_

**Daily Drop in Passes Option:** The drop in passes are designed for families who need care occasionally. On the day the pass will be used, the pass should be filled out entirely and sent in with the child to be handed to the Site Director. The school should be notified that the child will be attending the afterschool program as well as our site director. The best way to notify our site director is to call and leave a brief message on the site phone.

5 day pass booklet - \$150    School your child attends: \_\_\_\_\_

## PARENT HANDBOOK GUIDELINES

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In signing this contract,

1) I/We are enrolling our child according to the schedule and fee indicated above. Any changes or cancellations in the information above are to be made in writing and given to the YMCA After School Office at least thirty (30) days in advance of change. Care for days not regularly scheduled may be arranged by purchasing a Drop-In BOOKLET. NO PAYMENTS will be taken at the sites.

2) I/We agree that the monthly tuition is due around the 25<sup>th</sup> of the previous month (see fee schedule in the Parent Handbook) and that a \$30.00 late fee will be charged for payments not received by the 1<sup>st</sup> of the month. In signing the attached Credit Card Authorization Form, I/We authorize the Princeton Family YMCA to charge our credit card. If there is a security deposit paid on my account, the Princeton Family YMCA has the right to use said deposit for any current month payment not received by 1<sup>st</sup> of each month. Automatic credit card payments will be charged no later than the 1<sup>st</sup> business day of the month. If payment has not been secured by the 1<sup>st</sup> of the month, the YMCA staff will notify you by phone to pick up your child and your child will not be able to return until payment is received. Returned checks are subject to a \$31 fee.

3) I/We understand that the After School Program ends at 6:00pm each day and agree that a fee of \$30 per 15 minutes beginning at 6:01 will be charged to our account for late pick-ups which are not pre-arranged with the YMCA After School Site Director. I/We also understand that such days are subject to additional fees, in accordance with YMCA costs associated with additional hours and care provided.

**4) I/We I have read and comply with the policies and information contained in the 2015-2016 Parent Handbook and that my child's continued enrollment is contingent on my following these policies.**

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Parent/Guardian Signature

Date

\* Sec Deposit, if applicable

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## PROGRAM BEHAVIOR GUIDELINES

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The Princeton Family YMCA believes the following premises should serve as guidelines for our attitudes and actions:

- People are RESPONSIBLE for their actions.
- We will always RESPECT each other and the environment.
- HONESTY will be the basis for all relationships and interactions.
- We will CARE for ourselves and those around us.

Our Before & After School Program operates under the belief that children who are actively involved, surrounded by caring staff & made aware of the YMCA's behavior guidelines will behave in a positive manner. We foster raising a child's self-esteem through positive reinforcement. However, sometimes corrective action is required when a child's behavior is inappropriate, such as when a child:

- Requires constant attention from staff.
- Inflicts physical or emotional harm on self or others.
- Abuses the staff, equipment or the facility.
- Ignores or repeatedly disobeys the behavior guidelines.

## PARENT & PARTICIPANT SIGNATURE REQUIRED

I have reviewed the Behavioral Memo of Understanding with my child. We both understand and agree to all of the terms presented in this contract and that the above guidelines are for the parent/guardian as well.

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Parent Signature

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Participant Signature

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Date



# PRINCETON FAMILY YMCA

## 2015-2016 BEFORE & AFTER SCHOOL CREDIT CARD AUTHORIZATION

Name of Member: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### In signing this document, I understand that the Princeton Family YMCA:

- Has permission to charge my credit card for my child(ren)'s tuition fee(s) associated with the Before & After School Program. This payment will be deducted MONTHLY on or around the 25<sup>th</sup>. Payment schedule can be adjusted at parent's request – and must be arranged with the YMCA office.
- Has the right to charge this credit card for any unpaid program balances acquired on my account.
- **Split payment will not be accepted via checks or money orders. Split payments will only be accepted by credit/debit cards.**

MasterCard       Visa       Discover       American Express

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Name (as it appears on Card): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Princeton Family YMCA Credit Card Agreement

1. The Princeton Family YMCA Before & After School Program Credit Card Agreement is a continuous payment plan. I understand that this payment plan will remain in effect for as long as I have my child(ren) enrolled in the YMCA Program, or until the credit card is cancelled or the Authorization granted to the YMCA has been revoked.
2. It is my understanding that if I wish to terminate or change my payment in any way, I must give the YMCA thirty (30) days written notice, and that all charges will continue to accrue during the thirty (30) day period.
3. The Princeton Family YMCA may, at their discretion, adjust the monthly rate applicable to my child's program. I understand that I will receive at least thirty (30) days written advance notice prior to the effective date of any such change and the changed rate will be charged to my credit card in accordance with the Authorization, and I hereby authorize any such change.
4. Should my bank for any reason not honor any payment/credit transmission, I realize that I am still responsible for the payment.

Parent Signature

Date

Staff Initials



# PRINCETON FAMILY YMCA

## 2015-2016 BEFORE & AFTER SCHOOL

### AUTHORIZED PICK UP AND RELEASE

#### STUDENT INFORMATION

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Student's Name (Last) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

#### FAMILY INFORMATION

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**Parent/Guardian 1:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Parent/Guardian 2:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Names & Ages of Siblings: \_\_\_\_\_

Please advise us of custody arrangements if separated/divorced: (provide attachments if necessary)

#### PICK UP AUTHORIZATIONS

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The following persons **authorized** to pick up my child and/or may be called in case of an emergency if I am unavailable.  
PARENTS: IF ANYONE IS NOT AUTHORIZED TO PICK UP YOUR CHILD, PLEASE PROVIDE DOCUMENTATION TO THIS EFFECT

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

#### TRANSPORTATION & TRIPS

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My child has my permission to be transported to and/or from the Princeton Family YMCA After-School site for trips, activities, and any other reason deemed necessary by the YMCA Director. All trip information will be provided to families prior to any outing.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PHOTO RELEASE STATEMENT

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By signing here the Princeton Family YMCA **has** permission to have my/our child's photograph appear in any media or marketing opportunities approved by the YMCA.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# PRINCETON FAMILY YMCA

## 2015-2016 BEFORE & AFTER SCHOOL HEALTH HISTORY FORM

### STUDENT INFORMATION

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Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### MEDICAL HISTORY

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Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Please list any allergies or dietary restrictions \_\_\_\_\_

Please list any medications that your child is currently taking, prescribed and over the counter: \_\_\_\_\_

Is your child currently under medical care for any illness or condition?  Y  N

If yes, please explain: \_\_\_\_\_

Describe any current health condition(s) requiring medication, treatment, or special restriction or consideration while at MASH:

Please describe any past medical conditions or treatment that could have an impact on your child's experience at MASH:

Please check any conditions your child has had:

- |  |   |                                   |   |   |
|--|---|-----------------------------------|---|---|
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Musculo-skeletal disorders |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Other _____                |

Describe any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while at afterschool? \_\_\_\_\_

Has your child had a full physical in the last 2 years?  Yes  No

If yes, please indicate the date: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

### Consent of Treatment

I know of no reason(s), other than the information indicated on this form, why my child should not participate in before & after school activities. In an emergency, when neither I nor the person named above can be reached, I hereby authorize the YMCA Director and/or Senior Program Director to take any action deemed necessary for the best interests of my child, including transportation for emergency room treatment. Permission is granted to any medical personnel selected by the YMCA to provide needed care including: routine health care, administration of medications, X-rays, routine test and treatment; to release records as needed for insurance purposes; and to provide or arrange transportation for emergency medical treatment.

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**A COPY OF IMMUNIZATION RECORDS MUST BE ATTACHED TO THIS PACKET TO PARTICIPATE IN THE MASH PROGRAM**

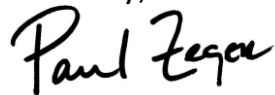
Dear Parent/Guardian:

In keeping with the New Jersey's child care center licensing requirement, we are obliged to provide you, as the parent/guardian of a child enrolled in our program, with information found in the Parent Handbook.

The parent handbook 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; our policy for discipline and our expulsion policy; our health and safety policy including the information on communicable diseases; information on the Consumer Product Safety Commission unsafe product list; as well as the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Central Registry Hotline at 1-877-NJ-ABUSE/1-877-652-2873.

Please read over our handbook carefully and, if you have any questions, feel free to contact us at any time!

Sincerely,



Paul Zeger  
Senior Program Director  
Princeton Family YMCA

Name of Child:

Name of Parent/Guardian:

I have read and received a copy of the Parent Handbook which outlines statements from the "Information to Parents" guidelines as prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families:

Parent/Guardian Signature:

Date: