



PRINCETON FAMILY YMCA MONTGOMERY TWP SCHOOL DISTRICT 2017-2018 BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT PACKET

**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:

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
FEE PER MONTH <small>(IF BOTH BEFORE AND AFTER CARE IS NEEDED, PLEASE CIRCLE BOTH OPTION BOXES)</small>	\$253	\$222	\$170	\$145	5 DAYS @ \$253 4 DAYS @ \$222 3 DAYS @ \$170 2 DAYS @ \$145
INDICATE DAYS <small>(PLEASE CIRCLE)</small>	ALL DAYS	M T W R F	M T W R F	M T W R F	M T W R F

LOWER MIDDLE SCHOOL

DAYS PER WEEK	AFTER SCHOOL 5 DAYS	AFTER SCHOOL 4 DAYS	AFTER SCHOOL 3 DAYS	AFTER SCHOOL 2 DAYS
FEE PER MONTH	\$322	\$280	\$233	\$185
INDICATE DAYS <small>(PLEASE CIRCLE)</small>	ALL DAYS	M T W R F	M T W R F	M T W R F

MULTIPLE CHILD DISCOUNT -

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

TOTAL FEE PER MONTH: _____

Anticipated Start Date: _____

Daily Drop in Passes Option: Drop in passes are designed for families who need afterschool care occasionally or to supplement their regular care. On the day the pass will be used, the pass is to be filled out entirely and sent in with the child and 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. (Site phone numbers in parent handbook) A registration fee of \$17 is charged on initial purchase of passes (waived for students attending 2+ days/week of before/after school).

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

Early dismissal passes - \$50/day - Usable only for early dismissal days No. of passes: _____

PARENT HANDBOOK GUIDELINES

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 Office at least thirty (30) days in advance of change. Additional care for days not regularly scheduled may be arranged in advance 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 25th of the previous month (see fee schedule in the ASP Parent Handbook) and that a \$30.00 late fee will be charged for payments not received by the 1st 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 1st of each month. Automatic credit card payments will be charged no later than the 1st business day of the month. If payment has not been secured by the 1st 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 \$15 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 2017-2018 Parent Handbook and that my child's continued enrollment is contingent on my following these policies.**

Parent/Guardian Signature

Date

* Sec Deposit, if applicable

PROGRAM BEHAVIOR GUIDELINES

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.

Parent Signature

Participant Signature

Date



PRINCETON FAMILY YMCA

2017-2018 BEFORE/AFTER SCHOOL PROGRAM

AUTHORIZED PICK UP AND RELEASE

STUDENT INFORMATION

Student's Name (Last) _____ First _____ Middle _____

FAMILY INFORMATION

Parent/Guardian 1: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian 2: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Names & Ages of Siblings: _____

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

PICK UP AUTHORIZATIONS

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: _____



PRINCETON FAMILY YMCA

2017-2018 BEFORE/AFTER SCHOOL PROGRAM

PARENT/GUARDIAN RELEASES

STUDENT INFORMATION

Student's Name (Last)

First

Middle

TRANSPORTATION & TRIPS

My child has my permission to be transported and/or walked 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

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: _____

EMERGENCY CLOSING POLICY

By signing here I acknowledged that I have read the Weather Related Closing Policy in the handbook.

Parent Signature: _____ Date: _____

STATEMENT OF GOOD HEALTH

My child, _____, in in good health and can participate in all activities provided by the Princeton Family YMCA.

Parent Signature: _____ Date: _____

CONSENT TO TREATMENT

In an emergency, when neither I nor the person named above can be reached, I hereby authorize the After School 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: _____ Date: _____



PRINCETON FAMILY YMCA
2017-2018 BEFORE/AFTER SCHOOL PROGRAM
HEALTH HISTORY FORM

STUDENT INFORMATION

Student's Name _____ School _____ Grade _____

MEDICAL HISTORY

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 | Other _____ |

Does your child have any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while at afterschool? Yes No

If, so, please explain: _____

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 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,

Leigh Zink
Youth Development & Outreach 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:

- 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

Parent/Guardian Signature:

Date:



PRINCETON FAMILY YMCA

2017-2018 BEFORE/AFTER SCHOOL PROGRAM

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 25th. 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