



**PRINCETON FAMILY YMCA
MONTGOMERY TWP. SCHOOL DISTRICT
2018-2019 AFTER SCHOOL PROGRAM
ENROLLMENT PACKET**

PLEASE PRINT CLEARLY
ONE PACKET PER CHILD

STUDENT INFORMATION

Student's Name _____ Date of Birth _____ Grade _____ Gender _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Home Phone _____ Cell Phone _____

ENROLLMENT INFORMATION

ORCHARD HILL & VILLAGE ELEMENTARY

LOWER MIDDLE SCHOOL

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

DAYS PER WEEK	AFTER SCHOOL
FEE PER MONTH	5 DAYS @ \$322
	4 DAYS @ \$280
	3 DAYS @ \$233
	2 DAYS @ \$185
INDICATE DAYS (PLEASE CHECK)	M T W R F

School your child attends: _____ **Anticipated Start Date:** _____

NOTE: MINIMUM 2 SCHOOL DAYS FROM DATE OF REGISTRATION; SAME DAY/NEXT DAY REGISTRATION NOT AVAILABLE

Cancellation - Please understand that once you register for an option listed above you are not allowed to switch the option without 30 days written notice. If you choose to come to less days than initially registered for in a month, you will not be prorated or credited for any missed days in that month.

SIBLING DISCOUNT
2ND CHILD - 10% OFF MONTHLY TUITION APPLIED TO 2ND CHILD ONLY
3RD CHILD - 15% OFF MONTHLY TUITION APPLIED TOWARD 3RD CHILD ONLY

DROP IN PASSES:

Drop in passes are designed for families who need afterschool care occasionally or to supplement their regular care. For new registrations, families must wait two school days prior to first use.

- One pass is good for one regular before or after school session. (2 passes required for both programs)
- Two passes may be redeemed for early dismissal days.

PASS FEES	
1-3 PASSES	\$30 PER PASS
4 OR MORE PASSES	\$25 PER PASS

No. of Passes Requested: _____

NOTE: A registration fee of \$17 is charged on initial purchase of passes for the school year. (waived for students attending 2+ days/week of before/after school).

A YMCA FULL FACILITY YOUTH MEMBERSHIP IS INCLUDED WITH MONTHLY TUITION



PRINCETON FAMILY YMCA
2018-2019 AFTER SCHOOL PROGRAM
AUTHORIZED PICK UP AND RELEASE

STUDENT INFORMATION

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

FAMILY INFORMATION

Parent/Guardian 1:

Name: _____ Relationship to Child: _____
Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work Phone: _____ Cell Phone: _____
Email: _____

Parent/Guardian 2:

Name: _____ 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)

Additional Contact in the event parent/guardian(s) cannot be reached:

Name: _____ Relationship to Child: _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ Cell Phone: _____

OTHER AUTHORIZED PICKUPS:

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, YOU **MUST** PROVIDE DOCUMENTATION TO THIS EFFECT

Name: _____ Phone: _____ Relation to Child: _____
Name: _____ Phone: _____ Relation to Child: _____



PRINCETON FAMILY YMCA

2018-2019 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:

If your child requires medication in the program (including emergency inhalers, Epi-pens, etc.), a copy of the medication and a signed medication authorization form (see last page) are required. A Health Care Action plan from your health care provider is also required.

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 in the program:

Please describe any past medical conditions or treatment that could have an impact on your child's experience while in the program:

Please check any conditions your child has had:

Ear infection	Bleeding disorders	Diabetes	Heart defect/disease	Musculo-skeletal disorders
Asthma	Hernia	Seizures	Hypertension	Other _____

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

Does your child require a one-on-one aide during the school day? Yes No

*If yes, an aide will be required in before/after school program.
Please contact the program director for additional information.*

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: _____

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 Drop-In Passes. NO PAYMENTS will be taken at the sites.
- 2) I/We agree that the monthly tuition is due around the 1st of the given month 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 2018-2019 Parent Handbook and that my child's continued enrollment is contingent on my following these policies.**

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 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. I have also read and reviewed the Parent Handbook. 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



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2018-2019 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.

EMERGENCY CLOSING POLICY

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

STATEMENT OF GOOD HEALTH

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

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.

I have read and consent to the above statements

Parent Signature: _____ Date: _____

PHOTO RELEASE STATEMENT

The Princeton Family YMCA reserves the right and has my permission to photograph or film my child while they are participating in program activities. They may also use said pictures and video files for any form of advertising or promotion at no compensation to me, as deemed appropriate as well as publish them on the YMCA website, Facebook, or social media platforms for publicity purposes.

I hereby give my permission

I do not wish for my child to be photographed or filmed for any purpose by the YMCA.

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

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 Parent 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

Name of Child:

Name of Parent/Guardian:

Parent/Guardian Signature:

Date:



PRINCETON FAMILY YMCA

2018-2019 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 financial institution for my child's fee(s) associated with their registered programs.
- Has the right to charge financial institution for any unpaid program balances acquired on my account.
- Princeton Family YMCA's Before and After School Programs maintain a monthly payment schedule. I understand that this payment plan will remain in effect for as long as I have my child(ren) enrolled in the program.
- Before and After School Program payments are due on the 1st of the month.
- Payment schedules can be adjusted at parent/guardian's request, but must be arranged in advance with the YMCA After school Office.
- It is my understanding that if I choose to terminate or change my payment in any way, I must inform the YMCA Office immediately.
- For any reason, should my financial institution not honor any payment transmission that I am still responsible for the payment.

Print Name of Parent/Guardian: _____

Payment Options:

I will make monthly payments via check or cash by the 1st of the month.

Please use the following information for my child's program fees:

Credit/Debit Card: _____ **Visa** _____ **MasterCard** _____ **Discover** _____ **American Express**

Name on Card: _____

Card Number: _____

Expiration Date: _____ CSC: _____

Electronic Funds Transfer (EFT):

Bank Acct. #: _____ Routing #: _____

I hereby authorize the Princeton Family YMCA to initiate payments per the method I checked above.

Account Holder's Signature: _____

Date: _____



Membership Policy Statement—Code of Conduct

The Princeton Family YMCA is committed to providing a safe, welcoming environment for all members and guests. To promote safety and comfort for all, we expect individuals to act appropriately at all times when they are in our facility or participating in our programs.

We expect persons using the Princeton Family YMCA to behave in a mature and responsible way, and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct.

Prohibited actions specifically include but are not limited to:

- ◆ Inappropriate attire: Appropriate attire includes gym shorts, pants, shirts, or sweat suits in the physical area and regular swimsuits or clean shorts without frayed ends in the pool area
- ◆ Angry or vulgar language, including swearing or name-calling
- ◆ Physical contact with another person in an angry, threatening or offensive way
- ◆ Any sexual activity or contact with another person
- ◆ Harassment or intimidation by words, gestures, body language or any menacing behavior
- ◆ Theft or behavior that results in the destruction of property
- ◆ Carrying any weapons or devices/objects that may be used as weapons
- ◆ Using or possessing illegal substances or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs
- ◆ Loitering
- ◆ Smoking: the YMCA and its property is a smoke-free environment

The Princeton Family YMCA reserves the right to deny access or membership to any person who has been accused or convicted for any sex-related crime; habitually or excessively uses illegal substances; has ever been convicted of any offense relating to the use, sale, possession, or transportation of illegal substances, or continuous or excessive use of alcohol.

Based on the recommendations from our national organization YMCA of the USA, and due to the fact that personal training services are offered by our YMCA, only Princeton Family YMCA certified personal training staff members will be allowed to use YMCA facilities for personal training services, including and not limited to sports technique/agility training.

If a member or guest believes a violation of this code has occurred, they should report the behavior to a YMCA staff member. The Princeton Family YMCA staff members are eager to be of assistance; members and guests should not hesitate to notify a staff member if assistance is needed.

In order to be able to carry out these policies, we ask that members and guests identify themselves to YMCA staff members when asked.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Waiver of Liability: The Princeton Family YMCA is a charitable, non-profit membership organization. I am an adult over 18 years of age and wish to participate in activities. I understand that even when reasonable precaution is taken, accidents sometimes happen. Therefore, in exchange for the YMCA allowing me and my children to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability from any injury, loss, or damage connected in any way whatsoever to my or my children's participation in YMCA activities whether on or off the YMCA premises. I understand that this release includes claims based on negligence, action or inaction of the YMCA, its staff, directors, members, and guests. I have read and voluntarily sign this authorization and release. I grant permission for each of my children noted above. The Princeton Family YMCA reserves the right to photograph or film any member and use said pictures or files for any form of advertising or promotion as deemed appropriate.

I have read and understand the terms and conditions. I agree to follow them.

Member/Guardian Signature: _____

Date: _____

10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures
May be used to record administration of medication to children

INDIVIDUAL PERMISSION FOR MEDICATION OR HEALTH CARE PROCEDURE

Name of child _____

Child's condition for administering medication:

_____ cold _____ sore throat _____ rash _____ ear infection
_____ teething _____ injury _____ other _____

Name of medication/procedure _____

___ Prescription ___ Non-prescription ___ Doctor's approval required

Amount to be administered _____

Time(s) to be administered _____

Dates to be administered From _____ To _____

Refrigeration necessary ___ Yes ___ No

Special instructions _____

Possible adverse reactions _____

I authorize the administration of medication to my child.

Parent's signature _____

Date _____

DATE(S) ADMINISTERED	TIME(S) ADMINISTERED	ADVERSE REACTIONS OBSERVED	STAFF MEMBER'S INITIALS

- Is all of the above information complete? • Has medication been placed out of reach of children?
- Is medication in the original container with the prescription label on it?
- Is the child's name on the container? • Is the date of the prescription current?
- Is the name of the drug/procedure, dose, and schedule on the label the same as instructions given by the parent?