



PRINCETON YMCA
2022-2023 SCHOOLAGE CHILD CARE
REGISTRATION PACKET
PRINCETON PUBLIC SCHOOLS

PLEASE PRINT CLEARLY
 ONE PACKET PER CHILD

STUDENT INFORMATION

CHILD'S NAME		CHILD'S PRONOUNS		GRADE	BIRTH DATE
		<input type="checkbox"/> He/him <input type="checkbox"/> She/her	<input type="checkbox"/> They/them <input type="checkbox"/> Other _____		
ADDRESS		CITY		STATE	ZIP
PARENT/GUARDIAN NAME		PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	

School your child attends: COMMUNITY PARK JOHNSON PARK LITTLEBROOK RIVERSIDE

ENROLLMENT INFORMATION (Please check days requested)

SELECT YOUR CARE:		
<input type="checkbox"/>	2 days/week	\$205/month
<input type="checkbox"/>	3 days/week	\$255/month
<input type="checkbox"/>	4 days/week	\$295/month
<input type="checkbox"/>	5 days/week	\$320/month
<input type="checkbox"/>	Drop in passes	See below

PLEASE CHECK ALL DAYS REQUIRED				
Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CANCELLATION - Please understand that once you register for an option listed above you are not allowed to switch the option without 7 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 TO 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 after school day.
- Two passes may be redeemed for early dismissal days.
- A one-time registration fee of \$20 is required with first purchase. (Fee waived for regular after school participants).

PASS FEES	
1-3 Passes	\$35 per pass
4 or more Passes	\$25 per pass
NUMBER OF PASSES REQUIRED:	_____



PRINCETON YMCA

2022-23 SCHOOL AGE CHILD CARE REGISTRATION

PARENT CONTACT INFORMATION

CHILD'S NAME	CHILD'S PRONOUNS	GRADE	BIRTH DATE
	<input type="checkbox"/> He/him <input type="checkbox"/> They/them <input type="checkbox"/> She/her <input type="checkbox"/> Other _____		
ADDRESS	CITY	STATE	ZIP

Primary Parent/Guardian (with legal custody) to be contacted in case of emergency:			
NAME	RELATIONSHIP TO CHILD	EMPLOYER	
ADDRESS	CITY	STATE	ZIP
PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER	EMAIL ADDRESS	

Secondary parent/guardian/contact (with legal custody) to be contacted in case of emergency:			
NAME	RELATIONSHIP TO CHILD	EMPLOYER	
ADDRESS	CITY	STATE	ZIP
PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER	EMAIL ADDRESS	

Additional contact in the event parent/guardian(s) cannot be reached:		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER

Additional Email Address
In addition to the addresses listed above, do you have an email address you would like to add for email updates? If so, please list here:

If a non-custodial parent/individual has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file.

OTHER AUTHORIZED PICKUPS:		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER



PRINCETON YMCA

2022-23 SCHOOL AGE CHILD CARE REGISTRATION

HEALTH HISTORY

CHILD'S NAME	SCHOOL	GRADE

ALLERGIES: Please check all that apply	No known allergies	Food	Medicine	Other

If your child has an allergy, describe allergy and reaction:

Does allergy require emergency medication? <u>If yes, an action plan and medical authorization form are required.</u>	Yes	No	N/A

MEDICATION	Please list any medications that your child is currently taking, prescribed or over the counter:

DIET/NUTRITION	Does your child have special food needs?		If Yes, please describe:
	Yes	No	

RESTRICTIONS?	Are there any medical issues or restrictions that would require special consideration in the program?

SOCIAL/EMOTIONAL	Describe any current social-emotional, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while in our care:

Does your child require a one-on-one aide during the school day? <u>IF YES, PLEASE CONTACT THE PROGRAM DIRECTOR FOR ADDITIONAL INFORMATION PRIOR TO REGISTRATION.</u>	Yes	No

CONDITIONS				MEDICAL INFORMATION			
Please check any conditions your child has had.				Insurance Carrier			
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Muscular-Skeletal Disorders	Policy Number			
<input type="checkbox"/>	Ear Infection	<input type="checkbox"/>	Hypertension	Name of Child's Doctor			
<input type="checkbox"/>	Bleeding Disorders	<input type="checkbox"/>	Seizures	Doctor Phone Number			
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hernia	Date of Last Physical (MM/YY)			
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Other: _____	Date of Last Tetanus Shot (MM/YY)			
If asthma is checked, does it require an inhaler?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

NOTE: If Yes, an action plan and medical authorization form are required.

ANYTHING ELSE TO INCLUDE?	Please provide any additional information about the child's health and wellbeing that you think important or that may affect the child's ability to fully participate in the program. Attach additional information if needed.

STATEMENT OF GOOD HEALTH:

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

CONSENT OF 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.

PRINT NAME OF PARENT/GUARDIAN	DATE	RELATIONSHIP TO CHILD



PRINCETON YMCA

2022-23 SCHOOL AGE CHILD CARE REGISTRATION HANDBOOK ACKNOWLEDGEMENT

CHILD'S NAME	SCHOOL	GRADE

In signing this contract,

- 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 School Age Child Care 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. PAYMENTS will NOT be taken at the sites.
- 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.
- I/We understand that the After School Program ends at 6:00pm each day and agree that a fee of \$1.00 per minute 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.
- I/We have read and comply with the policies and information contained in the 2022-2023 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 School Age Child Care 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 the terms presented in this contract and that the above guidelines are for the parent/guardian as well.

PRINT NAME OF PARENT/GUARDIAN	DATE	RELATIONSHIP TO CHILD

PHOTO / VIDEO RELEASE FORM:

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 other social media platforms for publicity purposes.

<input type="checkbox"/>	I hereby give my permission.
<input type="checkbox"/>	I do not wish for my child to be photographed or filmed for any purpose by the YMCA.



PRINCETON YMCA

2022-23 SCHOOL AGE CHILD CARE REGISTRATION

PARENT/GUARDIAN RELEASES

CHILD'S NAME	SCHOOL	GRADE

TRANSPORTATION & TRIPS

My child has my permission to be transported and/or walked to and/or from the Princeton Family YMCA School Age Child Care 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 Emergency Closing Policy in the handbook.

In keeping with the New Jersey's childcare 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 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 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

PRINT NAME OF PARENT/GUARDIAN	DATE



PRINCETON YMCA

2022-23 SCHOOL AGE CHILD CARE REGISTRATION PARENT/GUARDIAN RELEASES (CONTINUED)

CHILD'S NAME	SCHOOL	GRADE

COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM ("Release")

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of the YMCA School Age Child Care Program ("Program").

As such, and in consideration for child care services to be provided by the Princeton Family YMCA, the undersigned, for myself and my minor children enrolled in the Program fully assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE PRINCETON FAMILY YMCA AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE PRINCETON FAMILY YMCA AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

I HAVE READ AND CONSENT TO THE AGREEMENTS, STATEMENTS, AND WAIVERS LISTED IN THIS REGISTRATION FORM

SIGNATURE OF PARENT/GUARDIAN	DATE



PRINCETON YMCA

2022-23 SCHOOL AGE CHILD CARE REGISTRATION PAYMENT AUTHORIZATION FORM

CHILD'S NAME	SCHOOL	GRADE

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

- Has permission to charge my financial institution for my child's fee(s) associated with their registered childcare programs.
- Has the right to charge financial institution for any unpaid program balances acquired on my account.
- Princeton YMCA's School Age Child Care 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 School Age Child Care Office.
- It is my understanding that if I choose to terminate or change my payment in any way, I must inform the YMCA School Age Childcare Office immediately.
- For any reason, should my financial institution not honor any payment transmission that I am still responsible for the payment.

PAYMENT OPTIONS

I will be making payments via check or cash by the required deadline by the due date.

Please use the card information listed below information for my child's program fees:

Please use the Electronic Funds Transfer (EFT) Listed Below:

CREDIT/DEBIT INFORMATION:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Am. Express
Name on Card	Card Number		Exp. Date (MM/YY)	CSC
Billing Address	City		State	ZIP
Electronic Funds Transfer (EFT)	Bank Account Number		Bank Routing Number	

I HEREBY AUTHORIZE THE PRINCETON YMCA TO INITIATE PAYMENTS PER THE METHOD I SELECTED ABOVE.

SIGNATURE OF PARENT/GUARDIAN	DATE	RELATIONSHIP TO CHILD