

January 2020

Welcome to the YWCA's Before and After School Program for the 2019-2020 school year. The YWCA Northern New Jersey has provided School Age Child Care (SACC) for families in Northern New Jersey for over 40 years. Our SACC program provide engaging age-appropriate activities in a safe, structured, and positive environment.

We offer:

- Before School care beginning from 7:00am until the first bell
- After School care from 3:00pm to 7:00pm (with many pickup time options).

This packet will allow you to register for the 2019-2020 school year. To register please complete the application in its entirety and be sure to enclose required fees: membership, registration and 1st month's tuition. For children enrolling mid-month or during the school year – the tuition cannot be prorated.

Please complete and email your application to Mary Agnello at magnello@ywcannj.org.

The Parent Handbook outlining all of our policies and procedures can be found on our website www.ywcannj.org. Please feel free to reference it at any point throughout the year.

Should you have questions or concerns, please feel free to contact Mary Agnello, Program Assistant at 201-345-1914.

We look forward to having you join the YWCA SACC program.

Sincerely,

The YWCA School Age Program Staff

**YWCA Before and After School Program
Dumont Registration Form 2019-20**

New child Returning child

Child's Name _____ **Date of Birth** _____ **Age** _____ Male Female

Address _____

Name of Before/After School Site Lincoln Grant Honiss Selzer **Grade Level** _____ **Start Date** _____

Before School Program 7:00am – first bell 5 Days 4 Days 3 Days 2 Days coupon book

After School Program 3:00pm – 7:00pm Mon Tues Wed Thurs Fri

Family information/communication

Parent/Guardian Name _____ Date of Birth _____ Male Female

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Email Address _____

Parent/Guardian Name _____ Date of Birth _____ Male Female

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Email Address _____

Do parents live together? _____ **If no, with whom does the child reside?** _____

If parents are divorced/separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. **Are there restrictions on pick-ups or visitation?** no yes – **if yes, court order is required**

Emergency information/release to pick up children (other than parents) *Must be 18 years or older.*

If I am unable to pickup or be reached regarding important matters pertaining to my child, I authorize these people to pickup my child or answer questions

Name _____ Relationship _____ ok to pick-up emergency info

Daytime Phone _____ Work Phone _____ Cell _____

Name _____ Relationship _____ ok to pick-up emergency info

Daytime Phone _____ Work Phone _____ Cell _____

Pediatrician's Name: _____ **Phone No:** _____

Date of last Physical Exam: _____ **Any Medical Issues/ Allergies?** No Yes, describe

If your child has allergies requiring medical treatment – you must send a care plan from your doctor.

Any Learning/Behavioral issues? No Yes, describe _____

A copy of latest IEP would be appreciated

YES, I have read, understand and have access to a copy of the parent handbook, which includes the Management of Communicable Diseases, Expulsion/ Discipline Policy, Release of Children Policy, Medication Policy, the **Information to Parents from the Bureau of Licensing in the Division of Child Protection and Permanency, (DCP&P)**, and the social media policy (always available online at www.ywcanni.org). I understand it is my responsibility to read all the policies and I have read this entire application and I agree to abide by all terms and regulations.

Parent/Guardian Signature _____ **Date** _____

YES, the child named on this contract is in good health and is able to fully participate in all activities offered at the YWCA program. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I give permission for any YWCA personnel selected by the program to secure and administer medication in accordance with the medical action plan provided by a licensed medical personnel member. I also give permission for designated staff to provide any needed care including any resuscitation efforts and emergency room care.

Parent/Guardian Signature _____ **Date** _____

YWCA Before and After School Program

Dumont Rate Plans – 2019/20

Child's Name: _____

Before/After School Site: _____

Before School Program: (7:00am – 8:30am)

Choose Rate Plan (Days Can Vary by Week)

<input type="checkbox"/> 5 days per week	\$180 per month
<input type="checkbox"/> 4 days per week	\$160 per month
<input type="checkbox"/> 3 days per week	\$120 per month
<input type="checkbox"/> 2 days per week	\$ 80 per month
<input type="checkbox"/> 10-visit before school coupon option	\$190 per book per child

After School Program:

Choose Days Child Will Attend

Choose Rate Plan Based on Pick-Up Time

(Days Must Remain Consistent)

5 days per week	<input type="checkbox"/> 3-3:59pm	\$350/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 4-4:59pm	\$355/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5-5:59pm	\$360/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6-7:00pm	\$365/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
4 days per week	<input type="checkbox"/> 3-3:59pm	\$325/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 4-4:59pm	\$330/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5-5:59pm	\$335/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6-7:00pm	\$340/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
3 days per week	<input type="checkbox"/> 3-3:59pm	\$255/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 4-4:59pm	\$260/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5-5:59pm	\$265/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6-7:00pm	\$270/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
2 days per week	<input type="checkbox"/> 3-4:59pm	\$200/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5-5:59pm	\$205/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6-7:00pm	\$210/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

I understand I will be given a \$5 credit or \$10 charge per hour based on an earlier or late pick up as agreed on my chosen rate plan. **Max credit \$25 per month.** No credits will be given for pick-ups prior to 3pm. Credits and charges will be assessed in a month lag. Monthly enrollment fees may not be reduced below a minimum of \$200.

Fee Calculation

Membership Fee (One per Family): \$ 50.00

Registration Fee per Application per Child: 50.00

Before School Rate Plan: _____

After School Rate Plan: _____

TOTAL DUE WITH APPLICATION: _____



YWCA Before and Afterschool Program Tuition Payment Agreement – 2019/20

Child's Name _____ Before/After School Site _____

Monthly tuition is based on 180 school days divided by 10 months. This allows for equal monthly tuition regardless of school closings and holidays. Tuition is due on or before the 10th of each month for the following month from September 2019 to May 2020. **Monthly tuition is non-refundable.**

I agree to pay my tuition installments by automatic credit card draft (American Express, Discover, MasterCard or Visa) or by electronic fund transfer (EFT) based on my contracted rate plan.

Please check desired payment option and sign where indicated. (No cash or check payments will be accepted).

1. **Automatic Credit Card Draft** – I hereby authorize the YWCA Northern New Jersey to automatically draft the following credit card draft (American Express, Discover, MasterCard or Visa) for my child's childcare tuition.

Signature (Parent/Guardian) _____ Date: _____

2. **Electronic Fund Transfer (EFT) – Voided Check must be provided.** I hereby authorize the YWCA Northern New Jersey to automatically draft the following account for my child's childcare tuition.

Signature (Parent/Guardian) _____ Date: _____

Credit Card Information: You will **not** receive a monthly bill. If you require a completed reimbursement form, you may reach out to the billing office at 201-373-2907 or email ywmembers@ywcannj.org.

Type of Card: American Express Discover MasterCard Visa

Name as it appears on card: _____

Billing address for this card: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

(Please initial)

_____ I understand any changes affecting tuition must be done in writing, providing YWCA Northern New Jersey with prior notice one month in advance of the billing month being affected.

_____ If payment is not honored from your credit card, the YWCA Northern New Jersey imposes a \$25 service charge in addition to any charge fees that your bank may charge. A new credit card will be required at this time for future payments. **Monthly tuition is non-refundable.**

Signature: _____ Date: _____

If you have any billing questions, contact the billing office at 201-373-2907.

RELEASE, HOLD HARMLESS AND WAIVER AGREEMENT

You should not sign this Agreement unless and until you are satisfied you have had adequate time to read it and you understand it. You acknowledge there are alternatives to the activities and programs offered by YWCA Northern New Jersey.

The activities taking place at the YWCA Northern New Jersey or during YWCA Northern New Jersey programs can be strenuous and inherently dangerous and participation in the activities, on or off premises or on premises used by YWCA Northern New Jersey, can result in serious injury or in exposure to illnesses and diseases borne by others. The YWCA Northern New Jersey urges you to obtain a physical examination from a doctor before using any facilities or equipment or participating in any program. You agree that if, on or off YWCA Northern New Jersey premises or premises used by YWCA Northern New Jersey, you engage in any physical exercise or activity, use any YWCA Northern New Jersey equipment or facilities, or participate in any YWCA Northern New Jersey program, you do so entirely at your own risk. You agree you are voluntarily participating in the YWCA Northern New Jersey activities and programs and the use its facilities, equipment, premises and premises used by it, and you assume all risks of injury, illness or death.

This waiver and release of liability includes, without limitation, all injuries, death and illnesses which may occur as a result of: (a) your use of all amenities, facilities and equipment in, on or off YWCA Northern New Jersey premises or premises used by YWCA Northern New Jersey, including, without limitation, adjacent sidewalks and parking areas, (b) the sudden and unforeseen malfunctioning or contamination of any facility or equipment, and/or (c) YWCA Northern New Jersey instruction, training, supervision or maintenance or the absence of instruction, training, supervision or maintenance.

You expressly agree to release and hold harmless YWCA Northern New Jersey and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. You further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

By signing below, you acknowledge you have carefully read, fully understand and accepted this release, hold harmless and waiver. If any portion of this release, waiver and hold harmless is deemed by a court of competent jurisdiction to be invalid or overbroad, then the remainder will remain in full force and effect and be construed in the broadest manner permitted by law. This release, waiver and hold harmless cannot be modified orally.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____

YWCA Photo/Video Release Form

This form indicates whether you do/do not give the YWCA Northern New Jersey permission to use your or your child's photograph/video for communications, marketing, and/or public relations purposes.

Yes, you have permission to use **my child's photo/video** in YWCA Northern New Jersey's communications. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

Date: _____

Parent/ Guardian Name: _____

Child's Name (if signing for a minor): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Signature: _____

Site: _____

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eliminating racism
empowering women
ywca
Northern New Jersey

www.ywcannj.org