

Jan 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.

The YWCA School Age Program Staff

YWCA Before and After School Program Glen School Registration Form 2019-20

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

Address _____

Name of Before/After School Site Glen School

Grade Level _____ Start Date _____

Before School Program 7:00am – 9:00am

Before School 10 visit Coupon Book

After School Program 2:00pm – 6:00pm

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 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: _____ **Copies of physical and immunization records are required.**

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 _____

Please include copy of latest IEP/504 Plan

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.ywcannj.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 Tuition Payment Agreement – 2019/20

Child's Name _____ Before/After School Site _____

Fee Calculations

<input type="checkbox"/> YWCA registration fee	\$50.00	per child
<input type="checkbox"/> Before school monthly tuition Ridgewood Residents / Ridgewood Public School Staff	\$135.00 per child	program hours: 7:00am – 9:00am
<input type="checkbox"/> Before school monthly tuition Non Residents	\$205.00 per child	program hours: 7:00am – 9:00am
<input type="checkbox"/> Before school 10 visit-drop in	\$190.00 per child	program hours: 7:00am – 9:00am
<input type="checkbox"/> After school monthly tuition Ridgewood Residents / Ridgewood Public School Staff	\$275.00 per child	program hours: 2:00pm to 6:00pm
<input type="checkbox"/> After school monthly tuition Non Residents	\$405.00 per child	program hours: 2:00pm to 6:00pm
Late Fee – if Applicable applications received 8/19 through 8/25	\$50.00 per child	
Total Enclosed		

Method of Payment each Month:

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 your credit card is declined, the YWCA Northern New Jersey imposes a \$25 service charge in addition to any charge fees that your bank may charge. A new credit will be required at this time for future payments. **Monthly tuition is non-refundable.**

Signature: _____ Date: _____

YWCA Permissions and Waiver

Yes, you have permission to use **my / my child's photo/video** in YWCA Northern New Jersey communications, marketing and public relations. 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.

Yes, I give permission for YWCA Northern NJ to transport my child in case of emergency such as school evacuation. I understand that the transportation will be appropriately supervised. I understand that the YWCA NNJ and its employees assume no liability in case of an accident outside of our authority.

Yes, the child named on this contract is in good health and is able to fully participate in all activities offered at YWCA programs. 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 also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and emergency room care.

Yes, I have read, fully understand and accept this release, hold harmless and waiver. I 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.

Yes I have read this entire application and parent handbook and I agree to abide by all terms and regulations.

Child's Name _____ School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Parent/ Guardian Name: _____

Signature: _____