

August 2020

Parents & Guardians,

Welcome to the YWCA's School Age Program (SAP) for the 20-21 school year.

We are pleased to be working closely with Superintendent Burke and the Cresskill Principals to re-start our programs and provide the critical afterschool that children will need to re-engage, re-connect, and thrive. We are closely following the Guidance for New Jersey Child Care Facilities on COVID-19 Related Health and Safety created by the NJ Department for Children and Families. We are also mirroring all policies and procedures that the Cresskill School district has put in place regarding health and safety.

All children and staff will be required to wear masks at all times

Our program will look different this year, but we will have fun. Our goal is to support working parents however we can - so we will change our hours to support the school schedule as needed and we will be partnering with the Cresskill School district to incorporate the virtual learning that must occur, from 1-3. Please let us know what else we can do to support your family.

To register please complete the application in its entirety and be sure to enclose required fees: membership, registration and 1st month's tuition.

**Our program starts on September 3rd and all applications must be received by August 24th.
Registrations is on first received first processed basis and there may be waitlists.
Late registrations cannot start in September.**

One week before start of school we will be sending out a letter introducing you to the YWCA Cresskill Site Supervisors and outlining the policies and procedures in more detail.

Please email your application to SAPregistration@ywcannj.org

Should you have questions or concerns, please feel free to contact ywcasap@ywcannj.org

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

The YWCA School Age Program Staff

**YWCA Northern New Jersey
Before and After School Program
EHBryan School @Cresskill Registration Form 2020-21**

New child Returning child

Child's Name _____ **Date of Birth** _____ **Age** _____
Gender: Male Female Other: _____ **School:** _____ **Grade:** _____

Address _____

Family Information

Parent/Guardian Name _____ **Gender:** Male Female Other: _____
Date of Birth _____ **Cell Phone** _____ **Work Phone:** _____
Employer _____ **Email Address** _____

Parent/Guardian Name _____ **Gender:** Male Female Other: _____
Date of Birth _____ **Cell Phone** _____ **Work 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: _____ **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

Comments/ Important Information?

YWCA Before and After School Program EHBryan School @Cresskill Rate Plans – 2020-21

Child's Name: _____

School: _____

CHILDREN CAN ONLY ATTEND THE YWCA ON THEIR SCHEDULED IN SCHOOL DAYS

BEFORE SCHOOL OPTIONS: ** we are required to take children temperature before allowing access to the building			
Grades 1-4 Alternating days	<input type="checkbox"/> Group A <input type="checkbox"/> Group B	<input type="checkbox"/> 7:30-8:30 (1 hour)	\$50 per month
AM Kindergarten	5 days a week	<input type="checkbox"/> 7:45-8:45 (1 hour)	\$91 per month
5th Grade	5 days a week	<input type="checkbox"/> 7:30-8:30 (1 hour)	\$91 per month

CHILDREN CAN ONLY ATTEND THE YWCA ON THEIR SCHEDULED IN SCHOOL DAYS

AFTER SCHOOL OPTIONS: ** we are required to take children temperature before allowing access to the program			
PM Kindergarten	5 days a week	<input type="checkbox"/> 3-6 (3 hours)	\$218
Grades 1-4 Alternating days	<input type="checkbox"/> Group A <input type="checkbox"/> Group B	<input type="checkbox"/> 12-4 (4 hours)	\$160
		<input type="checkbox"/> 12-5 (5 hours)	\$200
		<input type="checkbox"/> 12-6 (6 hours)	\$240
5th Grades 5 days a week	5 days a week	<input type="checkbox"/> 12-4 (4 hours)	\$364
		<input type="checkbox"/> 12-5 (5 hours)	\$437
		<input type="checkbox"/> 12-6 (6 hours)	\$510

YWCA staff will support the required onsite learning from 1-3 – all children must bring laptop and headphones

CHILDREN CAN ONLY ATTEND THE YWCA ON THEIR SCHEDULED IN SCHOOL DAYS

Fee Calculation

YWCA Membership Fee (One per Family):	\$ <u>50.00</u>
Registration Fee per Child:	\$ <u>25.00</u>
Before School Rate Plan:	\$ _____
After School Rate Plan:	\$ _____
Discounts	\$ _____

TOTAL DUE WITH APPLICATION: _____

DISCOUNTS

- 10% multiple child discount (on the oldest child)
- 10% discount for active military (Confirmation required)
- 15% for anyone who qualifies for free / reduced lunch (Confirmation required)
- 10% for Cresskill/ Dumont/ Oradell Teachers (Must send in proof)

Once you are registered, please join your school's Closed Facebook page to stay connected and learn more information about our youth programming at [facebook.com/pg/ywcanni/groups/](https://www.facebook.com/pg/ywcanni/groups/)

YWCA Before and Afterschool Program Tuition Payment Agreement – 2020-21

Child's Name _____

Before/After School Site: _____

Monthly tuition is based on 182 school days divided by 10 months. This allows for equal monthly tuition regardless of school closings and holidays. Tuition is due the 10th of each month for the following month from August to May.

- Changes affecting tuition must be done in writing, one month in advance of the billing month being affected.
- YWCA Northern New Jersey imposes a \$35 service charge in addition to any fees that your bank may charge
- Tuition is NON REFUNDABLE

By signing below, 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.

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.
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.

Credit Card Information: You will **not** receive a monthly bill- withdrawal will be automatic

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:** _____

Parent/Guardian Signature _____

Date _____

If you have any billing questions, contact billing at SAPbilling@ywcannj.org

Once you are registered, please join your school's Closed Facebook page to stay connected and learn more information about our youth programming at facebook.com/pg/ywcannj/groups/



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**, 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.
- 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.
- 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. I, 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.

Childs Name _____ School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Parent/ Guardian Name: _____

Parent/Guardian Signature _____ Date _____

