

August 2020

Dear Oradell Families

Welcome to the YWCA's School Age Program (SAP) for the 20-21 school year!! We KNOW it will be an interesting year and school and the YWCA program will look different but we are prepared. We are pleased to be working closely with Superintendent Longo and Principal Bozios 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 Oradell School district has put in place regarding health and safety.

Our goal is to support working parents however we can, during these challenging times. We have modified our program to offer options while still following all the new guidelines, regulations and best safety practices.

**All children and staff will be required to wear masks at all times-we are not able to make any exceptions to this guideline.**

We are pleased to announce that the multi-purpose rooms and related bathrooms will be dedicated to the YWCA program and not in use for any other program. We will have sole access to the playground during our program hours and will focus the majority of our programming time outside weather permitting. The program will be divided into "pods" of 10 kids that have a dedicated staff and supplies. We will have assigned seats and dedicated tables set up for the pods. We will have increased handwashing and a plan for cleaning and sanitation before, during and after programs.

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

**Our program starts on September 2nd and all applications must be received by August 24<sup>th</sup>.  
Registrations are 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 Oradell Site Supervisor and outlining the policies and procedures in more detail.

Please email your application to [SAPregistration@ywcannj.org](mailto:SAPregistration@ywcannj.org)

Should you have questions or concerns, please feel free to contact [ywcasap@ywcannj.org](mailto: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 Oradell Registration Form 2020-21

New child     Returning child

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_  
**Gender:**  Male  Female  Other: \_\_\_\_\_ **School:** Oradell **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 Northern New Jersey Before and After School Program Oradell Rate Plans – 2020-21

Child's Name: \_\_\_\_\_

Site Oradell

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

## BEFORE SCHOOL OPTIONS

\*The YWCA is required to take children temperature before allowing access to the building\*

<b>K-2 Group A</b> 8:30-11 5 days per week	<input type="checkbox"/> 7:30-8:30 (1hour)	\$91 per month
<b>K-2 Group B</b> 12:30-3 5 days per week	<input type="checkbox"/> 7:30-12:30 (5 hours)	\$364 per month
<b>Grades 3-6</b> 8:30-1:00 2 days a week	<input type="checkbox"/> 7:30-8:30 (1hour)	\$50 per month <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

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

## AFTER SCHOOL OPTIONS

\*The YWCA is required to take children temperature before allowing access to the program\*

### **GRADES K-2    CHILDREN CAN ONLY ATTEND THE YWCA ON THEIR SCHEDULED IN SCHOOL DAYS**

<b>K-2 Group A</b> 8:30-11 5 days per week	<input type="checkbox"/> 11-4 (5 hours)	\$364				
	<input type="checkbox"/> 11-5 (6 hours)	\$437				
	<input type="checkbox"/> 11-6 (7 hours)	\$510				
<b>K-2 Group B</b> 12:30-3 5 days per week	<input type="checkbox"/> 3-5 (2 hours)	\$146				
	<input type="checkbox"/> 3-6 (3 hours)	\$218				
<b>Grades 3-6</b> <b>8:30-1</b> 2 days per week	<input type="checkbox"/> 1-4 (3 hours)	\$96/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 1-5 (4 hours)	\$128/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 1-6 (5 hours)	\$160/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

## 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% multi child discount (applies to oldest child)  
 ➤ 10% discount for active military (Confirmation required)  
 ➤ 15% for free / reduced lunch (confirmation required)  
 ➤ 10% for Oradell/ Dumont/ Cresskill Teachers (must send in proof)

**YWCA Northern New Jersey  
Before and After School Program  
Tuition Payment Agreement – 20-21 school year**

Child's Name \_\_\_\_\_

Before/After School Site: Oradell

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 via email, 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](mailto: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/](https://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](http://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: Oradell

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_