

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 1st month's tuition.

**Our program starts on September 8th and all applications must be received by August 31st.
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

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 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

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

K-2 Group A 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				
K-2 Group B 12:30-3 5 days per week	<input type="checkbox"/> 3-5 (2 hours)	\$146				
	<input type="checkbox"/> 3-6 (3 hours)	\$218				
Grades 3-6 8:30-1 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% multiple child discount (Applies on the oldest child)
- 10% discount for active military (Confirmation required)
- 15% for free/reduced lunch (Confirmation required)
- 10% for Oradell/Cresskill/Dumont 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

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: Oradell

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Parent/ Guardian Name: _____

Parent/Guardian Signature _____ Date _____