

October 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 1<sup>st</sup> month's tuition.

Upon your registration we will send out a letter introducing you to the YWCA Site Supervisor for EHBryan School and the SAP staff.

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**  
**EHBryan School @ Cresskill Registration Form 2020-21**

New child       Returning child

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Gender:  Male  Female  Other: \_\_\_\_\_ School: EHBryan 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?

# EHBryan School @Cresskill Rate Plans – 2020-21

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

EHBryan School

## BEFORE SCHOOL OPTIONS:

\*\* we are required to take children temperature before allowing access to the building\*\*

Grades 1/3/4 Alternating days (2 or 3 days per week)	<input type="checkbox"/> <b>Group A</b> <input type="checkbox"/> <b>Group B</b>	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
2 <sup>nd</sup> and 5 <sup>th</sup> Grade	5 days a week	<input type="checkbox"/> 7:30-8:30 (1 hour)	\$91 per month

## AFTER SCHOOL OPTIONS

PM Kindergarten	5 days a week	<input type="checkbox"/> 3-6 (3 hours)	\$218
Grades 1/3/4 Alternating days (2 or 3 days per week)	<input type="checkbox"/> <b>Group A</b> <input type="checkbox"/> <b>Group B</b>	<input type="checkbox"/> 1-4 (3 hours)	\$120
		<input type="checkbox"/> 1-5 (4 hours)	\$160
		<input type="checkbox"/> 1-6 (5 hours)	\$200
2 <sup>nd</sup> and 5 <sup>th</sup> Grade 5 days a week	5 days a week	<input type="checkbox"/> 1-4 (3 hours)	\$218
		<input type="checkbox"/> 1-5 (4 hours)	\$291
		<input type="checkbox"/> 1-6 (5 hours)	\$364

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

### Fee Calculation

YWCA Membership Fee (One per Family):           \$ 50.00  
 Registration Fee per Child:                           \$ 25.00  
 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/veterans
- 15% for anyone who qualifies for free / reduced lunch
- 10% for Cresskill, Dumont or Oradell Teachers

Monthly tuition is based on an annual rate paid monthly. 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.

**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: \_\_\_\_\_

Cardholder's Email: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any billing questions, contact billing at [SAPbilling@ywcannj.org](mailto:SAPbilling@ywcannj.org)

## 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 been given access to and understand the YWCA parent handbook, which includes the written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements, Management of Communicable Diseases, Expulsion/ Discipline Policy, Release of Children Policy, Medication Policy and social media policy. I understand the parent handbook is 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 also 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.

Child's Name \_\_\_\_\_ School: EHBryan

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

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

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

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

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

Date \_\_\_\_\_