

November 2020

Welcome to the YWCA's School Age Program (SAP) for the Dumont School District.

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

Registrations are on first received first processed basis and there may be waitlists.

All policies and procedures can be found in our Parent Handbook -

[https://www.ywcannj.org/wp-content/uploads/2020/08/YWCA-SAP\\_Parent\\_Handbook\\_2020-21-COVID.pdf](https://www.ywcannj.org/wp-content/uploads/2020/08/YWCA-SAP_Parent_Handbook_2020-21-COVID.pdf)

Once completed, please email your application to [SAPregistration@ywcannj.org](mailto:SAPregistration@ywcannj.org)

Should you have questions or concerns, please feel free to contact [DPinto@ywcannj.org](mailto:DPinto@ywcannj.org)

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

The YWCA School Age Program Staff



YWCA NORTHERN NEW JERSEY
Dumont SAP Program
Registration Form 2020-21

[ ] New child [ ] Returning child

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
Gender [ ] Female [ ] Male [ ] Other: \_\_\_\_\_ Grade \_\_\_\_\_ School: [ ] Honiss [ ] Grant [ ] Lincoln [ ] Selzer

Address \_\_\_\_\_

Family Information

Parent/Guardian Name \_\_\_\_\_ Gender [ ] Female [ ] Male [ ] Other:
Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_
Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Gender [ ] Female [ ] Male [ ] 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

## Dumont SAP Program

### Registration Form 2020-21

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

School: \_\_\_\_\_

<b>BEFORE SCHOOL OPTIONS:</b>				
** we are required to take children temperature before allowing access to the building				
Alternating days (2 /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	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<b>AFTER SCHOOL CARE</b>		Children must bring a bagged, nonperishable lunch, drink and a snack		
Alternating days (2 /3 days per week)	<input type="checkbox"/> <b>Group A</b> <input type="checkbox"/> <b>Group B</b>	1-4 (3 hours)	\$120	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
		1-5 (4 hours)	\$160	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
		1-6 (5 hours)	\$200	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

#### 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	\$ _____
<b>TOTAL DUE WITH APPLICATION:</b>	_____

#### DISCOUNTS

- 10% multiple child discount (on the oldest child)
- 10% discount for active military/veterans
- 10% for Cresskill, Dumont, Oradell Teachers

### Tuition Payment Agreement – 2020-21

Annual tuition is divided into equal monthly tuition. Tuition is due the 10th of each month for the following month from October to May.

- YWCA Northern New Jersey imposes a \$35 service charge in addition to any fees that your bank may charge
- Tuition is NON REFUNDABLE and withdrawals must be done in writing, one month in advance

**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 I agree to pay my tuition installments by automatic credit card or by electronic fund transfer (EFT) based on my contracted rate plan.

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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



**YWCA NORTHERN NEW JERSEY**  
**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 Information to Parents Document, Policy on the Release of Children, Positive Guidance and Discipline Policy, Policy on Methods of Parental Notification, Policy on the Use of Technology and Social Media and 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 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 \_\_\_\_\_