



Northern New Jersey

Bergen • Essex • Hudson • Morris • Passaic

**YWCA Northern New Jersey**  
**Before and After School Program**  
**Registration Form 2021-22**

New child

Returning child

**School:** Cresskill  Bryan  Merritt  
Dumont  Grant  Honiss  Lincoln  Selzer  
Oradell   
Harrington Park

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Gender:**  Male  Female  Other: \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Start date:** \_\_\_\_\_

**REGISTRATION**

**Before School:** 7:00 - first bell  monthly  10 coupon card

**After School:** dismissal - 7:00pm  Monday  Tuesday  Wednesday  Thursday  Friday

**Family Information**

Do parents live together  Yes  No

**Custodial 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** \_\_\_\_\_

**Are there any restrictions on pick-ups or visitation?**  No  yes, court order **MUST** be attached

**Emergency information/release to pick up children (other than parents)**

*Must be 18 years or older*

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up 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 the care plan from your doctor

**Any Learning/Behavioral issues?**  No  Yes, describe \_\_\_\_\_

\*\* A copy of latest IEP would be helpful to ensure we meet your child's needs

**Comments/ Important Information?**

## 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: \_\_\_\_\_

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

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

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

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

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

Date \_\_\_\_\_

# YWCA Before and After School Program Rate Plans – 2021-22

For a September start, registration must be received BEFORE August 25th

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

## Before School Program: (7:00am – 8:30am)

10 visit coupon card	<input type="checkbox"/> \$200 per book
Monthly tuition	<input type="checkbox"/> \$135 per month

## After School Program

5 days per week	<input type="checkbox"/> 4pm	\$357/month					
	<input type="checkbox"/> 5pm	\$367/month					
	<input type="checkbox"/> 6pm	\$377/month					
	<input type="checkbox"/> 7pm	\$387/month					
4 days per week	<input type="checkbox"/> 4pm	\$343/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 5pm	\$353/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6pm	\$362/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 7pm	\$372/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
3 days per week	<input type="checkbox"/> 5pm	\$309/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6pm	\$317/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 7pm	\$326/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
2 days per week	<input type="checkbox"/> 5pm	\$252/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 6pm	\$259/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 7pm	\$266/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
1 day per week	<input type="checkbox"/> 6pm	\$144/month	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	<input type="checkbox"/> 7pm	\$156/month	<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           \$ \_\_\_\_\_            
**TOTAL DUE WITH APPLICATION:**           \_\_\_\_\_          

### DISCOUNTS (must provide supporting documents)

- 10% multiple child discount (on the oldest child)
- 10% discount for active military/veterans
- 10% for anyone who qualifies for free / reduced lunch
- 10% for Cresskill, Dumont, Harrington 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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please return this entire form to [SAPregistration@ywcannj.org](mailto:SAPregistration@ywcannj.org)  
 If you have any billing questions, contact billing at [SAPbilling@ywcannj.org](mailto:SAPbilling@ywcannj.org)