

**OCEAN COUNTY YMCA Y-KIDS BEFORE & AFTER SCHOOL PROGRAMS
2019-2020 REGISTRATION
MANCHESTER SCHOOLS**

All forms must be completed in full for each individual child. Please print neatly and clearly.

CHILD'S NAME _____

SCHOOL ATTENDING (During regular school day) _____

START DATE _____

GRADE (Sept 2019) _____

CHECK DAYS ATTENDING

AM PROGRAM

6:30AM - Start of School

_____ MONDAY

_____ TUESDAY

_____ WEDNESDAY

_____ THURSDAY

_____ FRIDAY

_____ 2 days AM

_____ 3 days AM

_____ 4 days AM

_____ 5 days AM

PM PROGRAM

End of School – 6:00PM

_____ MONDAY

_____ TUESDAY

_____ WEDNESDAY

_____ THURSDAY

_____ FRIDAY

_____ 2 days PM

_____ 3 days PM

_____ 4 days PM

_____ 5 days PM

**There is an ANNUAL, NON-REFUNDABLE \$80.00 registration fee
that is required at the time of registration.**

OCEAN COUNTY YMCA Y-KIDS BEFORE & AFTER SCHOOL PROGRAMS

2019-2020 REGISTRATION

MANCHESTER SCHOOLS

CHILD'S FIRST NAME _____ LAST NAME _____

Birth Date _____ AGE _____ Male or Female _____ Grade (Sept 2019) _____

Home Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____ Relationship to Child _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Email Address _____

Parent/Guardian Name _____ Relationship to Child _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Email Address _____

Additional contact in the event parent(s)/guardian(s) cannot be reached:

Pick up is needed within a thirty-minute time frame.

Emergency Contact _____ Relationship to child _____

Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship to child _____

Cell Phone _____ Home Phone _____ Work Phone _____

Checking this box states that the persons listed above are authorized as pickup persons.

Additional Pickup Authorizations:

Please list all additional persons authorized to pick up your child. In emergency situations only, a parent/guardian must give written permission for an individual, who is not on this list to pick up the camper. At pick up, every individual will be asked for identification, so please have it ready at the time of pick up. No exceptions will be made. This is done for the safety of your child. Please make sure that the individuals on this list are aware that they may also be called in the case of an emergency to pick up your child. You are welcome to add or delete from this list at any time. Please indicate if a non-custodial parent has limits on visitations or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file. If DCPD is an authorized pick up, they MUST be listed as an authorized pick up.

PHOTO IDENTIFICATION IS REQUIRED BY AUTHORIZED PICK UP PERSONS ** NO EXCEPTIONS **

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

IF YOU ARE NOT ON THE LIST, WE WILL NOT RELEASE THE CHILD TO YOU!

MEDICAL INFORMATION

Physician's Name _____

Phone Number _____

Dentist Name _____

Phone Number _____

Preferred Hospital _____

Special Education Classification _____

Special Needs _____

Please list any physical or mental issues/limitations _____

ALLERGIES

Current Medications _____

Medications that must be taken during the day require a Medication Authorization Form to be completed separately

HEALTH VALIDATION

My child _____ is registered to participate in the Y-Kids Child Care Program. I attest to the fact that he/she is in healthy physical condition.

Parent/Guardian Initial _____**CONSENT FOR MEDICAL TREATMENT****Childs Name** _____

State law requires Parents/Guardians to sign the following statement (only exception being religious reasons). If you do not sign this statement, basis of your religion, a separate waiver form must be signed.

"I, the parent or guardian of the above named child, gives permission to the physician selected by the Ocean County YMCA to hospitalize, secure proper treatment for the above named child."

Parent/Guardian Signature _____

Print Parent/guardian Name _____ Date _____

*** The above statement must be signed for emergency medical care as stated in the Manual for Child Care Centers, page 16, paragraph (b) ***

PERSONAL HISTORY

1. Does your child have any siblings? Please list names and ages

2. Are there any special medical needs, or medication taken on a consistent basis?

3. Are there any personal attributes you would like your child to develop while at school?

4. Please list any other information you think would be helpful for us to get to know your child.

Parent/Guardian and YMCA Agreement

PLEASE READ, INITIAL, SIGN AND DATE THE POLICIES BELOW

Discipline Policy

Initials _____

I will review and reinforce the child conduct and other policies in the Child Care Resource Guide with my child prior to the start of school. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Children not following the conduct policy may be suspended or expelled from the program with no refund.

Photography Policy

Initials _____

I give the Y permission to use any and all photographs taken of my child in after school activities in Y publicity. The Ocean County YMCA values the privacy of its members. No photos or video of any type are to be made of any child or staff person without the consent of the Y Staff. This includes the use of cell phone cameras. As a result, Ocean County YMCA Child Care Programs expressly prohibit cell phone use of non-Y phones.

Child Care Policy Agreement – Inside Child Care Resource Guide

Initials _____

In keeping with the New Jersey's Child Care Licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this information statement. The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Hotline 1 877 NJ ABUSE. Please read this statement carefully and, if you have any questions, feel free to contact us at 732 341 9622.

Child Care Resource Guide

Initials _____

I have received my Child Care Resource Guide.

Licensing Acknowledgement – Inside Child Care Resource Guide

Initials _____

I have read and received a copy of the Information to Parents Statement (inside Child Care Resource Guide) prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Identification Policy – Inside Child Care Resource Guide

Initials _____

I have read, received and understand the Identification Policy.

Policy on the Use of Technology and Social Media – Inside Child Care Resource Guide

Initials _____

I have read, received and understand the Identification Policy.

Policy on the Release of Children – Inside Child Care Resource Guide

Initials _____

I have read, received and understand the Identification Policy.

Bullying and Suspension/Expulsion Policies – Inside Child Care Resource Guide

Initials _____

I have read, received and understand the Bullying and the Suspension/Expulsion Policies.

Policy on Communicable Disease and Management - Inside Child Care Resource Guide

Initials _____

I have read, received and understand the Identification Policy.

Policy on the Methods of Parental Notification – Inside Child Care Resource Guide

Initials _____

I have read, received and understand the Identification Policy.

Financial Policy – Inside Child Care Resource Guide

Initials _____

All Memberships must be current. All payments, including membership fees, are due the 15th of each month, to be applied to the following month's childcare.

Inactivations – Inside Child Care Resource Guide

Initials _____

I understand that two weeks written notice is required for inactivations and that an immediate inactivation will incur a two-week fee.

Evaluations And Surveys

Initials _____

I give my child permission to participate in paper and online surveys to measure the impact of the program and my child's development and which capture my child's experiences with the program, allowing us to make critical improvements to meet their needs.

I have read all of the above information and I am fully aware of all of the terms and principles contained herein.

Parent/Guardian Signature _____ **Date** _____

Print Parent/Guardian Name _____

Member Services Representative _____ **Date** _____