# 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.**

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>________________________________________________________________</th>
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<tbody>
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<table>
<thead>
<tr>
<th>SCHOOL ATTENDING</th>
<th>(During regular school day)</th>
<th>_______________________________________</th>
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<tbody>
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| 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
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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________________________________________

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 DCPP 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 ________________________________ Phone Number ________________________

Special Education Classification _____________________ Special Needs________________________

Please list any physical or mental issues/limitations __________________________________________

ALLERGIES ____________________________________________________________________________

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
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
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
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
I have received my Child Care Resource Guide.

Licensing Acknowledgement – Inside Child Care Resource Guide
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
I have read, received and understand the Identification Policy.

Policy on the Use of Technology and Social Media – Inside Child Care Resource Guide
I have read, received and understand the Identification Policy.

I have read, received and understand the Identification Policy.

Bullying and Suspension/Expulsion Policies – Inside Child Care Resource Guide
I have read, received and understand the Bullying and the Suspension/Expulsion Policies.

Policy on Communicable Disease and Management - Inside Child Care Resource Guide
I have read, received and understand the Identification Policy.

Policy on the Methods of Parental Notification – Inside Child Care Resource Guide
I have read, received and understand the Identification Policy.

Financial Policy – Inside Child Care Resource Guide
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
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
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 ______