

2019 – 2020 DROP ZONE PROGRAM  
INFORMATION SHEET  
**PARENT COPY**

Registration: There is an ANNUAL NON-REFUNDABLE \$80 registration fee required at the time of registration. New registrations must be completed in-person at the YMCA by the Wednesday prior to the week that you will begin to use the sessions.

Cost per program (10 sessions) is \$185.00. This can be used for AM, PM, or both AM & PM on any given day. Each AM or PM use will count towards a session use. **HALF-DAY AFTERNOONS WILL COUNT TOWARDS TWO SESSIONS.** Subsequent programs (of 10 sessions each) may be purchased via phone or in person with our Member Services representatives at the Ocean County YMCA for an additional \$185.00 each. Please take note as you use sessions to be aware of when additional sheet(s) may need to be purchased.

Sessions are only for use in the current school year program for which they are purchased and are not refundable if not used.

Notification Procedure

If you are using the AM program: Please email Y-kids at [DropZone@ocymca.org](mailto:DropZone@ocymca.org) to let us know the day you will be using. **If you are using an AM session, our office must be notified by 8pm, the day before.**

If you are using the PM program: A note must be sent into school with your child the morning of the day you will be using the program. *Our office must also be notified.* You can email Y-kids at [DropZone@ocymca.org](mailto:DropZone@ocymca.org) (preferred) or 732 341 9622 ext. 2260. If you are leaving a message, please be sure to let us know your child's name and the school they attend. **If you are using a PM session, our office must be notified by 12 noon, the day of.**

**\*\*AVAILABLE IN ALL MANCHESTER ELEMENTARY SCHOOLS\*\***

**\*\*AVAILABLE IN ALL INTERMEDIATE AND ELEMENTARY SCHOOLS IN TOMS RIVER\*\***

**\*\*BERKELEY TOWNSHIP – AVAILABLE IN ALL SCHOOLS FOR THE PM PROGRAM; ONLY AVAILABLE IN THE AM PROGRAM FOR POTTER ELEMENTARY SCHOOL STUDENTS \*\***

**OCEAN COUNTY YMCA Y-KIDS BEFORE & AFTER SCHOOL PROGRAMS**  
**2019-2020 REGISTRATION**  
**DROP ZONE PROGRAM**

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) \_\_\_\_\_

**YKIDS SITE** (If different than school) \_\_\_\_\_

**GRADE** (Sept 2019) \_\_\_\_\_

**ELIGIBLE TO START WEEK OF** \_\_\_\_\_

Child must be registered by the Wednesday prior to the week that the drop zone will be used  
for the first time.

**COST** - \$185 for 10 sessions

**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  
DROP ZONE PROGRAM**

**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 – On Parent Information Sheet**

**Initials** \_\_\_\_\_

All Memberships must be current. Payment for the Drop Zone program is due at time of purchase. Purchase will be made prior to use and is purchased as a 10-session sheet. I understand that it is my responsibility to be aware of how many sessions have been used and to purchase additional 10-session sheets as needed to continue to use the program.

## **Unused Sessions – On Parent Information Sheet**

**Initials** \_\_\_\_\_

I understand that Drop Zone purchases are only for use in the current school year that they are purchased and are not refundable if not used during that time. I understand that sessions cannot be carried over into the next school year.

## **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** \_\_\_\_\_