

**OCEAN COUNTY YMCA Y-KIDS BEFORE & AFTER SCHOOL PROGRAMS**  
**2023 – 2024 REGISTRATION**  
**BERKELEY TOWNSHIP SCHOOLS**

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

**CHILD'S NAME** \_\_\_\_\_

**SCHOOL ATTENDING** (During the regular school day) \_\_\_\_\_

**YKIDS SITE** \_\_\_\_\_

**AM – ALL STUDENTS AT H.M. POTTER; STUDENTS THEN BUSSED TO HOME SCHOOL**

**PM – ALL STUDENTS ATTEND THEIR HOME SCHOOL FOR THE PM PROGRAM**

**START DATE** \_\_\_\_\_

**GRADE** (Sept 2023) \_\_\_\_\_

**First day of School 9/5**

CHECK DAYS ATTENDING

**AM PROGRAM**

**6:30AM - Start of School (HELD AT H.M. POTTER)**

\_\_\_\_\_ 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**

**2023 – 2024 REGISTRATION**

**BERKELEY TOWNSHIP SCHOOLS**

**CHILD’S FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

Birth Date \_\_\_\_\_ AGE \_\_\_\_\_ Male or Female \_\_\_\_\_ Grade (Sept 2023) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_

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

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 also 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 child. 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. 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 \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

*Medications that must be taken during the program hours require a Medication Authorization Form to be completed separately. Non life threatening meds must have Director's approval.*

Restrictions: Are there any medical issues or restrictions where the child would be exempt from any activity? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any Special health needs (emergency medical plans, etc.)

\_\_\_\_\_

**Mental, Emotional, and Social:**

Has your child ever been treated for emotional or behavioral difficulties? \_\_\_\_\_

If yes, please explain (any specific triggers for the behaviors)

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder?

\_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have an IEP/504 Plan during the school day? \_\_\_\_\_ If yes, please attach \_\_\_\_\_

Does your child have a Special Education classification? \_\_\_\_\_

If yes, please describe

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any sensory needs that the staff needs to be aware of? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Does your child have any physical or mental limitations to participating in activities within our program?

\_\_\_\_\_

Please provide more information regarding the information above (or any other concerns) that we would be able to use in order to provide a great experience for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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. Has your child ever been in a child care setting prior to our YKids program?
2. Does your child have any siblings? Please list names and ages
3. Are there any personal attributes you would like your child to develop while at our program?
4. Do both parents live in the same household?
5. Any specialized custody arrangements that the staff should be aware of?
6. Tell us your child's interests (please list no more than three)
7. Tell us about your child's behavior (anything specific we need to be aware of)
8. 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**

## Transportation

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

I acknowledge that I will complete my transportation forms online for Berkeley Township Schools. If my child does not attend all five days, I am responsible for my child's transportation on the days he or she is not attending YKids.

## 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. *Given at time of registration*

## 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 Policy on the Use of Technology and Social Media.

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

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

I have read, received and understand the Policy on the Release of Children.

## 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 Policy on Communicable Disease and Management.

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

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

I have read, received and understand the Policy on the Methods of Parental Notification.

## Financial Policy – *Inside Child Care Resource Guide*

All participants must be enrolled in our automatic monthly draft. Draft will be monthly (20<sup>th</sup>) paying for the next month's tuition.

Registration fee and first month is due at time of registration.

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

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