

**MONTCLAIR YMCA EXTENDED CARE PROGRAM
CHILD INFORMATION FORMS**

AM _____
PM _____

1. Child Information:

Name _____ Birth Date _____
Address _____ Home Phone # _____
School _____ School Phone # _____
Teacher _____ Grade _____ Room # _____

2. Parent/Guardian Information:

Parent's Name _____ Parent's Name _____
Employer's Name _____ Employer's Name _____
Business Address _____ Business Address _____
Business Phone _____ Ext. _____ Business Phone _____ Ext. _____
Cell Phone # _____ Cell Phone # _____

3. Emergency Numbers (Other than parents):

Name _____ Name _____
Address _____ Address _____
Phone # _____ Relation _____ Phone # _____ Relation _____

Name _____ Name _____
Address _____ Address _____
Phone # _____ Relation _____ Phone # _____ Relation _____

4. Authorization to Pick Up Child:

Name _____ Name _____
Relation _____ Phone # _____ Relation _____ Phone # _____

Name _____ Name _____
Relation _____ Phone # _____ Relation _____ Phone # _____

5. IMPORTANT YMCA POLICIES:

- A. You must call the YMCA's automated extended care message line (973) 746-8764 by 12 noon for the After School Program every day that your child is absent from school, leaves school early, and will not be attending the program.
- B. Our After School Program ends at 6:00 PM (Bloomfield, Cedar Grove, and Verona) /6:30 PM (Montclair). Beginning at 6:01PM (Bloomfield, Cedar Grove, Verona) /6:31 PM (Montclair), a late fee of \$10.00 for each 10minutes will be charged. Late fee payments will be billed on the monthly invoice. Schools close at 7:00 PM; therefore, children will be transported to the YMCA for parent late pick-up.

I have read the above policies and completed the information needed.

PARENT'S SIGNATURE _____ DATE _____

**MONTCLAIR YMCA SCHOOL AGE CHILD CARE MEDICAL
INFORMATION FORM**

My child, _____, whose date of birth is _____ has been enrolled in the school age child care program. The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. A snack is served each day to those children enrolled in the After School Program.

Please answer the following questions:

1. Does your child have any physical conditions of which we should be aware? _____

2. Does your child require any special attention, medications or routines that may have to be taken into consideration during the program times of the day? _____

3. Is your child physically and emotionally able to participate in an Extended Care Program like the one described above? _____

4. List any foods that your child should not be permitted to eat. _____

5. Please note any special concerns or information that would assist our staff in making your child's experience more enjoyable. (Please use other side if more room is needed.) _____

6. Physician's Name _____ Physician's Phone # _____

7. My Child's immunizations are up to date as required by the school system.

I, _____ (Parent/Guardian) authorize the YMCA to obtain medical treatment for my child, _____, in the case of an emergency.

Parent's Signature _____ Date _____

**MONTCLAIR YMCA EXTENDED CARE PROGRAM
AFTER SCHOOL PROGRAM
HOMEWORK CONTRACT BETWEEN PARENTS AND CHILDREN**

After discussing with my parent(s) the issue of homework, we have agreed upon the following contract:

_____ I will complete all of my homework before participation in any of the activities planned for the day.

_____ I will complete all of my homework before participating in any of the activities planned for the day with the exception of gym activities and clubs.

_____ I will complete my homework at home. I do not have to work on my homework at the After School Program.

_____ We have decided that _____

* * * * *

Child's Signature _____

Parent's Signature _____

For Extended Care Staff - Any changes made throughout the year: _____

Information to Parents Receipt

I have read the Information To Parents statement enclosed and understand the rights I have as a parent of an enrolled child in this program.

Parent/Guardian Signature

Date

* * * * *

Photo Permission Form

I hereby authorize the Montclair YMCA to use photographs of my son/daughter,
_____, for publicity and public relations purposes only.

Parent/Guardian Signature

Date