



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# **School Age Child Care Child Information Forms**

**These forms are due at the time of registration. Please return the following forms to the welcome desk.**

**YMCA of Montclair  
25 Park Street, Montclair  
(973) 744-3400**



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

School Year 2017-2018

Dear Parents,

Thank you for choosing the YMCA of Montclair SACC Program. Enclosed you will find child information forms for the upcoming school year. You must complete these forms at the time of registration and return them to the YMCA of Montclair, 25 Park Street. This is necessary so that all paperwork can be processed before the program begins.

You can also visit our website [www.montclairymca.org](http://www.montclairymca.org) to download the SACC parent handbook. Please take some time to look through the parent handbook to familiarize yourself with the YMCA's policies and procedures.

If you have any questions or concerns, call me at 973.415.6134.

I am looking forward to a great school year.

*Lisa Aulisi*

Lisa Aulisi  
Senior Program Director

(return this form)

**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 (Cedar Grove, and Verona) /6:30 PM (Montclair and Bloomfield). Beginning at 6:01PM (Verona) /6:31 PM (Bloomfield and Montclair, Cedar Grove), 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 \_\_\_\_\_

**(return this form)**

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

**(return this form)**

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

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

\* \* \* \* \*

**Homework** –Homework time is available to all children in the after school program. Homework is held for up to one hour each day and offers your child an opportunity to start their homework with guidance from our staff. Our staff encourages independent work - it is not our staff's responsibility to check your child's work for accuracy. Please note: depending on their grade and number of assignments, they may not be able to finish all of it during homework time.

**Child's Signature** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

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

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

(return this form)

# YMCA of Montclair Parent Agreement

Child's Name \_\_\_\_\_

Child's School \_\_\_\_\_

I acknowledge that I have read the Program Policies and Parent Handbook (<http://www.montclairymca.org>) and I am fully aware of the policies of the YMCA of Montclair School Age Child Care Programs. Any questions have been answered to my satisfaction by the YMCA staff. Please retain the Program Policies and Parent Hand Book for your records. The registration process is not complete until your registration and tuition fees are paid and the attached forms are completed and returned to the YMCA

Registration Form     Child Information Form     Parent Agreement

By signing below, I (we) understand and agree to accept the terms and conditions of the following YMCA policies listed in the Parent Handbook:

- Program Policies
- Information to Parents Statement prepared by the Bureau of Licensing
- Tuition Payment Policy
- Off Site Trips Policy
- Policy on the Release of Children
- Babysitting Policy
- Discipline and Expulsion Policy
- Policy on Illnesses and Communicable Diseases

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**(return this form/optional)**

## **MONTCLAIR EXTENDED CARE PROGRAM E-PAY INFORMATION**

We are happy to offer the option of paying tuition for the Extended Care Program through a monthly E-Pay plan. By utilizing this system, payments will be automatically deducted from your checking account or credit card on a monthly basis.

### **HOW DOES THE SYSTEM WORK?**

1. You must leave a down payment equal to one month's tuition by the 1<sup>st</sup> of the month, and authorize the YMCA to charge your account directly for monthly payments.
2. On the 10<sup>th</sup> of the month, the YMCA will charge your account for the **current** month's tuition.
3. Your account will be charged each month until June 10<sup>th</sup>.

### **WHAT WILL WE NEED FROM YOU?**

To draft from a Checking Account:

1. "Pre-Authorized Monthly E-Pay Agreement Form" (Extended Care Program)
2. A blank, voided check from your account.
3. An initial down payment equal to one month's tuition.

To draft from a Credit Card:

1. "Pre-Authorized Monthly E-Pay Agreement Form" (Extended Care Program)
2. Credit Card number and expiration date from Visa, Master Card or American Express.
3. An initial down payment equal to one month's tuition.

### **GENERAL INFORMATION:**

1. If a payment is not honored from either your bank or credit card for any reason, the Montclair YMCA imposes a \$20.00 Service Charge, in addition to any fees that your bank may charge. The E-Pay will be stopped for future payments and any outstanding child care balances must be cleared up before we can set up the account for automatic payments again.
2. If fees are continually unavailable from your account and payment falls behind, participants will not be allowed to continue in the program.
3. If we do not receive schedule changes by the 20<sup>th</sup> of the month, you will incur your originally scheduled tuition charge for the following month.
4. If your child withdraws from the program at any time during the school year, we must be notified by the 20<sup>th</sup> of the month or next month's tuition will be charged. Payments must be up-to-date at the time of withdrawal.

In order to take full advantage of this payment plan, we must receive your child's registration form, one month's payment (for September) and authorization by September 1<sup>st</sup>. We will begin charging your account on October 10<sup>th</sup> for October's Tuition.

You may take advantage of this payment plan at any time during the year provided we have the one month's tuition up front and your E-Pay information by the first of the month. Automatic deductions will then begin on the 10<sup>th</sup> of the following month.

If you are interested in this service, please fill out the enclosed form. If you have any questions, please call Shirley Gravely at (973) 415-6106.

**(return this form/optional)**

**MONTCLAIR YMCA  
25 Park Street  
Montclair, New Jersey 07042  
(973) 744-3400**

**PRE-AUTHORIZED MONTHLY E-PAY PLAN  
EXTENDED CARE PROGRAM AGREEMENT**

E-Pay is a monthly payment plan that authorizes payments to be deducted directly from your checking account or credit card.

**Please fill in: (Please print)**

Town/School/Child(ren): \_\_\_\_\_

Sponsor/Billable Party: \_\_\_\_\_

I understand that my account will be charged on the 10<sup>th</sup> of the month for the current month's tuition. E-Pay charges will continue through June 10<sup>th</sup>.

**To Be Completed by YMCA Staff:**

Initial Payment Received: \$ \_\_\_\_\_ Monthly Charge: \$ \_\_\_\_\_  
(One month)

Representing Tuition for Month of: \_\_\_\_\_

**Please select ONLY ONE of the following options:**

**1. Checking Account Information:  
A voided check must accompany this application:**

Bank Name: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_

(nine digit number preceding account number)

**2. Credit Card Information:**

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CVV Code (3 or 4 digit on back of card) \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ American Express

I understand that the above program fee will be paid from the account listed above on the 10<sup>th</sup> of every month. Should any draft not be honored by either my bank or credit card for any reason, I realize that I am still responsible for that payment plus a \$20 Service Charge applied by the YMCA. This is in addition to any service fee my bank may charge. Any additional charges, such as late pick-ups, will also be deducted directly from my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Please print:) \_\_\_\_\_





**YMCA OF MONTCLAIR  
VIDEO/PHOTO/AUDIO RECORDING RELEASE**

I hereby give permission for images of my child, captured during YMCA of Montclair events through video, photographic, digital, electronic or any other media together with or without his or her name and hometown, to be used in YMCA of Montclair and YMCA of the USA promotional material and publications (including release to the news media), and waive any rights of compensation or ownership thereto.

I hereby release and hold harmless the YMCA of Montclair, the YMCA of the USA, their agents and representatives and any third parties involved in the creation or publication of the promotional materials from any liability or claims by me or any third party for violations of my personal, proprietary or privacy rights or those of my child in connection with the use of such images.

<b>Child's Name</b>	<b>Age</b>

Parent or Legal Guardian

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Important Notice

This letter is to be given to your child's teacher at school.

**Do not return to the YMCA**

Communication is crucial between you and your child's teacher, and you and the YMCA staff. This communication will ensure your child's safety, as well as eliminate confusion.

Please read the notice below and use this form to notify your child's teacher of his/her enrollment in the After School Program.

It is the parent's responsibility to inform your child's teacher that he or she will be attending the Montclair YMCA After School Program, held at your child's school. Please do this by completing the form below (or a note of your own) and send it to your child's teacher on the first day of school.

To ensure that your child's after school destination is clear – if your child uses bus transportation, please mark your child's bus pass by crossing out the PM bus name and put YMCA after school and the name of the child's school.

Thank you.

-----tear here-----

**(Send this form to your child's school teacher; DO NOT send it back to the YMCA)**

My child \_\_\_\_\_ will be attending the YMCA of Montclair After School Program which is located in the school. He/She is registered in the After School Program on the following days:

Mon \_\_\_      Tues \_\_\_      Wed \_\_\_      Thurs \_\_\_      Fri \_\_\_

\_\_\_\_\_  
Parent/Guardian Signature