



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 2018-2019

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 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

IMPORTANT YMCA POLICIES: You must call the YMCA's automated extended care message line (973) 746-8764 by 11:00 am for the After School Program every day that your child is absent from school, leaves school early, and will not be attending the program. Our After School Program ends at 6:00 PM (Verona) and 6:30 PM (Montclair, Bloomfield and Cedar Grove). 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 (check off all that apply):

	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
- Social Media Policy
- Discipline and Expulsion Policy
- Policy on Illnesses and Communicable Diseases

Parent/Guardian Signature

Date

(return this form)

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.

Child's Name	Age

Parent or Legal Guardian Printed Name: _____

Signature: _____ Date: _____

INFORMED CONSENT and RELEASE

I understand that the YMCA of Montclair assumes no responsibilities of injuries or illness that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of equipment or other activities or programming. I hereby release and discharge the YMCA of Montclair, its agents and employees for any and all claims for injury, illness, death, loss of damage that my child may suffer as a result of his/her participation in any athletic activities, sports programs, the use of equipment or other activities or programming. I assume all risk for my child's participation in those activities. I understand that the Montclair YMCA is not responsible for any personal property lost or stolen while in the program. It is recommended that my child does not bring any valuables to program and if need be, can request that a staff person hold anything of value in a safe place until the end of program time. New Jersey State Law requires a medical form on file in our office before the child attends our program. If parents cannot be reached in an emergency, the YMCA will contact the local Rescue Squad and will take your child to the nearest hospital. Continued efforts will be made to reach you. I, individually and on behalf of my minor child, hereby release and hold the YMCA of Montclair, its assigns and successors, its directors, officers, volunteers, and/or others acting on its behalf harmless from all claims that I/we may have arising from activities that I/we may be involved in with the YMCA. I expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my/our YMCA activities. I hereby give permission for emergency medical treatment to be administered as deemed appropriate. I understand that the YMCA does not carry insurance to cover injuries and losses that may befall me/us. **HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

Parent or Legal Guardian Printed Name: _____

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 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 1st of the month, and authorize the YMCA to charge your account directly for monthly payments.
2. On the 10th 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 10th.

WHAT WILL WE NEED FROM YOU?

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 your 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 20th 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 20th 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 1st. We will begin charging your account on October 10th 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 10th 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 Farquharson 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 credit card.

Please Print:

Child(ren): _____

Town _____ School _____

Sponsor/Billable Party Name: _____ Phone # _____

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

Credit Card Information:

Visa MasterCard American Express Discover

Account Number: _____ - _____ - _____ - _____

Expiration Date: ____/____ CVV Code (3 or 4 digit on back of card) ____

I understand that the above program fee will be paid from the account listed above on the 10th of every month through June 10th. 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 _____

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