



Sussex YMCA
Franklin Elementary
Pre-K After School Program
Registration Form
2018-2019 School Year

Please return this completed form to the Sussex YMCA to register for the School Age Child Care Program for the 2018-2019 school year.

School:	Franklin
Child:	_____
Birthdate:	_____ Gender: F M
Grade as of 9/1/18:	_____
Start Date:	_____
After Care:	Mon Tues Wed Thurs Fri
Please circle days needed (2-day minimum per program)	

PARENT/ GUARDIAN #1	Member#:
Name: _____	Birthdate: _____
Address: _____	Email: _____
_____	Home Phone: _____
City, State _____ Zipcode _____	Work Phone: _____
Employer: _____	Cell Phone: _____

PARENT/ GUARDIAN #2	
Name: _____	Birthdate: _____
Address: _____	Email: _____
_____	Home Phone: _____
City, State _____ Zipcode _____	Work Phone: _____
Employer: _____	Cell Phone: _____

EMERGENCY CONTACTS: These persons will be authorized to pick your child up at any time and must be able to arrive within one hour in case of emergency. Please provide 3 options.			
Name	Relationship	Phone#1	Phone#2
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies / Medications:	Who may NOT pick up your child? Please provide supporting documentation. Name: _____ Name: _____
Special Needs:	<input type="checkbox"/> Permission granted to use photographs/video of my child in YMCA publicity <input type="checkbox"/> No photos or videos permitted of my child Signature _____

For additional information, including fill-in enabled forms, please go to our website:
www.sussexcountymca.org

Sussex County YMCA

Pre-K After School Program

Monthly Tuition Schedule: 2018-2019 School Year

	After Care
5 Days/week	\$285
4 Days/week	\$235
3 Days/week	\$190
2 Days/week	\$145

****Vacation Care is included with the 5 day after care program for ages 4 and up. Child must be toilet trained to attend Vacation Care.**

Sibling Discount: A 10% discount reduction will be applied to the lesser tuitions for those families having more than one child participating in any Metro YMCA child care programs.

Financial Assistance is available to those who qualify. Please complete a Financial Assistance (F/A) application and submit it with your registration for the After School program. All F/A applications must be received in our office by **December 15th**. Applications are available at our website: **www.sussexcountnymca.org**

- ☐ All registration forms must be returned with payment of the first month's tuition, one month's security deposit, the \$35 registration fee, and the membership fee.

Registration is not considered active until payment and completed paperwork is received. If

- ☐ space is still available, parents intending to have their child attend the program on the **first day of program** must hand in **ALL registration paperwork** by **December 15th**.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**The following documents
(available on our website)
must be received to process
your registration:**

- Registration Form
- All Fees
- Medical Release Form
- Parent Agreement

Please send all completed
paperwork and fees to:

**Sussex County YMCA
Attn: SACC Registrar
15 Wits End Road
Hardyston, NJ 07419**

REGISTRATION FEE SUMMARY

\$	Annual Program Membership Fee
	\$85 Youth \$155 Family
\$	Registration Fee: \$35
	Waived if registering before 12/15/2018
\$	First Month's tuition
	(less 10% sibling discount if applicable)
\$	Security Deposit: equal to one month's tuition
	(less 10% sibling discount if applicable)
\$	TOTAL DUE at Registration

☐ **Checks payable to Sussex County YMCA.**

☐ **Payment by Visa, Amex, MC, or Discover**

Name on Card: _____

CC #: _____

Exp Date: _____

Signature: _____

☐ I am applying for Financial Assistance with: YMCA Norwescap



Date _____



SUSSEX COUNTY YMCA SCHOOL AGE CHILD CARE
PARENT AGREEMENT

Child's School _____

Child's Name _____

I acknowledge that I have read the Program Policies and Parent Handbook (<http://www.metroymcas.org/sussex-county-ymca/child-care/>) and I am fully aware of the policies of the Sussex County YMCA 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 deposit fees are paid and the following forms are completed and returned to the Sussex County YMCA:

☐ **Registration Form** ☐ **Medical Release Form** ☐ **Parent Agreement**

I also agree to complete the Permission to Give Medication Form and Permission to Walk Home Form *if applicable* for my child.

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

- Changes, Withdrawals or Absences p.3 - 4
- Information to Parents Statement prepared by the Bureau of Licensing p.5-6
- Enrollment and Payment Policy p. 6-7
- Policy on the Release of Children p.7
- Babysitting Policy p.8
- Discipline and Expulsion Policy p.8
- Policy on Illnesses and Communicable Diseases p.9 - 10
- Inclement Weather Policy p.3

Parent/Guardian Signature

Date

Send completed paperwork to:

**Sussex County YMCA
15 Wits End Road, NJ 07419
(973) 209-9622 FAX: (973) 209-1483**



Sussex County YMCA SCHOOL AGE CHILD CARE

PERMISSION TO GIVE MEDICATION

The following information is to be completed by the child's Health Care Provider

School: _____ Child's Name: _____

DOB _____ Wt. _____

Medication: _____

Dosage _____ Route _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date _____ End date _____

Health Care Provider: _____ Phone _____

PLEASE PRINT

Signature of Health Care Provider

Date

.....
The following is to be completed by the parent or legal guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and precautions, from the Child Care Director or the Child Care Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give an accurate dose of the medicine.

I authorize the Director or their Designee to contact the pharmacist or Health Care Provider for more information about this drug, if necessary. I also authorize the Director or their Designee to contact the health care provider regarding my child's health, if necessary.

Amount of medication brought to YMCA: _____

Signature of parent or legal guardian

Date

.....
Date & amount of medication returned to Parent _____

Signature of Director/ Director Designee

Signature of Parent/ Legal Guardian



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Metro YMCAs of the Oranges
CHILD CARE AUTO-PAY AGREEMENT
AUTOMATIC MONTHLY CREDIT CARD CHARGE PLAN

CHILD(REN)'S NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE NUMBER _____ WORK _____

I HEREBY GIVE AUTHORITY TO THE METROPOLITAN YMCA OF THE ORANGES TO CHARGE MY CREDIT CARD FOR MONTHLY CHILD CARE PAYMENTS IN THE AMOUNT OF \$ _____ BY THE THIRD BUSINESS DAY OF THE MONTH. I UNDERSTAND ANY ADDITIONAL FEES INCURRED DURING THE MONTH WILL ALSO BE CHARGED TO MY ACCOUNT IN THE SUBSEQUENT MONTH.

VISA / MASTER CARD / DISCOVER	EXP. DATE
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AMERICAN EXPRESS	EXP. DATE
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SHOULD I DECIDE TO TERMINATE THIS AGREEMENT OR WITHDRAW MY CHILD(REN) FROM THE PROGRAM, I AGREE TO NOTIFY THE YMCA IN WRITING GIVING ONE MONTH'S NOTICE. AFTER RECEIPT OF WRITTEN NOTIFICATION, THE YMCA WILL END THE PRE-AUTHORIZED CHARGES AGAINST MY ACCOUNT AND WILL APPLY THE DEPOSIT TO THAT MONTH'S OBLIGATION.

THE YMCA RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT SHOULD THE AUTHORIZED CHARGE TO MY CREDIT CARD ACCOUNT BE DECLINED AFTER TWO CONSECUTIVE ATTEMPTS.

PARENT (GUARDIAN) /CREDIT CARD HOLDER'S SIGNATURE	DATE
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Please send this form to: MetroYMCAs/Child Care Registrar
139 East McClellan Ave. Livingston, NJ 07039 Fax: 973-535-2786
Tel: 973-758-9622 www.metroymcas.org