



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## School Age Child Care Program Application - 2024-2025 school year

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M\_\_\_ F\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

1<sup>st</sup> Parent/Guardian's Name

2<sup>nd</sup> Parent/Guardian's Name

1<sup>st</sup> Parent/Guardian's Employer

2<sup>nd</sup> Parent/Guardian's Employer

Work/Cell Number

Work/Cell Number

Doctor's Name & Phone \_\_\_\_\_ Hospital \_\_\_\_\_

List two contacts that can pick up your child if there is a problem and you can not be reached.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

I am registering this child for the following program:

PM Partial Care: School dismissal until 4:30pm

PM Care: School dismissal until 6:30pm

5 Days/Wk \_\_\_\_\_

5 Days/Wk \_\_\_\_\_

3 Days/Wk List days: \_\_\_\_\_

2 Days/Wk List days: \_\_\_\_\_

School Child Attends \_\_\_\_\_ Grade \_\_\_\_\_

### BANK DRAFT AGREEMENT FOR SCHEDULED PAYMENTS

I understand that School Age Child Care program payments will be paid from the bank account/credit card of the person listed below on the 1<sup>st</sup> of the month, September through June. Should any program payment not be honored by my bank or credit card for any reason, I realize that I am still responsible for payment plus a \$25.00 service charge applied by the YMCA. This is in addition to any service fee my bank may charge

Print Name \_\_\_\_\_

Last 4 Digits of Card for Scheduled Payments \_\_\_\_\_

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

Date \_\_\_\_\_

### PROGRAM WITHDRAWAL OR SCHEDULE CHANGE

I understand that written notice is required if I need to withdraw my child from the program. If I need to change the schedule, I must complete the School Age Child Care Change Form available at the Welcome Center before the 1<sup>st</sup> of the month. I also understand **THAT ALL REGISTRATION AND PROGRAM FEES ARE NON-REFUNDABLE**. If 30 days written notice is given, the registration fee will be applied to my last month's tuition. If 30 days notice is not given, a credit will be applied to my account that can be used towards other programming. The credit will be good for 1 year. Refunds are not given for days your child does not attend (which would include sick days), or for days the school does not open due to emergency closings, delayed openings or early closings. Days cannot be rescheduled.

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

Date \_\_\_\_\_



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--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's doctor will be contacted and if needed the local Rescue Squad will take your child to the nearest hospital. Continued efforts will be made to reach you.

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**RELEASE AND WAIVER OF LEGAL LIABILITY**

--I, individually and on behalf of my minor child(ren), hereby release and hold the Fanwood-Scotch Plains YMCA, 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 give permission for the YMCA to transport my child(ren) from their school to the YMCA building. 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. I consent to be photographed and to allow YMCA's use of any photos of me or my minor child(ren) at its sole discretion. The Y is a membership facility. Members are required to scan in when entering the Y main facility. The Y conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access. I have also received the Family Handbook and acknowledge receipt of it.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Personal Health and Medical Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M\_\_\_ F\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Health Information**

The following information must be filled in by the parent/guardian. The intent is to provide the staff background to provide appropriate care. Provide complete information so we can be aware of your child's needs.

Allergies

Describe reaction and management of the reaction

- Medications (e.g. penicillin) \_\_\_\_\_
- Food (e.g. eggs, dairy) \_\_\_\_\_
- Other (e.g. insect stings) \_\_\_\_\_

Medications

Medication requires a separate form. Please contact the School Age Child Care Director for more information.

Health History

Any activities that child cannot participate in or needs one-on-one assistance? Yes\_\_\_ No\_\_\_

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

Is your child currently being treated or followed by a medical professional for any of the following:

Asthma	Yes ___ No ___	Diarrhea/Constipation	Yes ___ No ___
Convulsions	Yes ___ No ___	Fainting Spells	Yes ___ No ___
Diabetes	Yes ___ No ___	Seizures	Yes ___ No ___
Heart Trouble	Yes ___ No ___	High Blood Pressure	Yes ___ No ___

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

Any additional information about the child's behavior and physical, emotional or mental health the staff should be aware of?

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Special information – IEP, walkers, wheelchair, behavior issues, special diets, habits etc.?