

OCEAN COUNTY YMCA Y-KIDS BEFORE & AFTER CARE SCHOOL PROGRAMS

2017-2018 REGISTRATION

TOMS RIVER SCHOOLS

CHILD'S FIRST NAME _____ **LAST NAME** _____

Birth Date _____ AGE _____ Male or Female _____ Grade (Sept 2017) _____

Home Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Email Address _____

Parent/Guardian Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Email Address _____

CONTACT INFORMATION

Please list persons authorized to contact and pick-up in case of an illness or injury if Parents/Guardians cannot be reached. ***Pick up is needed within a thirty minute time frame.***

Emergency Contact _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

PICK UP AUTHORIZATIONS Please list **all persons**, at least 18 years of age, who are authorized to pick up your child. **PARENTS AND GUARDIANS MUST BE INCLUDED. IF YOU ARE NOT ON THE LIST WE WILL NOT RELEASE THE CHILD TO YOU.**

PHOTO IDENTIFICATION IS REQUIRED BY AUTHORIZED PICK UP PERSONS ** NO EXCEPTIONS **

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

MEDICAL INFORMATION

Physician's Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

Preferred Hospital _____

Special Education Classification _____ Special Needs _____

Any physical or mental limitations _____

ALLERGIES

Current Medications _____

- Medications that must be taken during the day requires a Medication Authorization Form to be completed separately

HEALTH VALIDATION

My child _____ is registered to participate in the Y-Kids Child Care Program. I attest to the fact that he/she is in healthy physical condition.

Parent/Guardian Initial _____

CONSENT FOR MEDICAL TREATMENT

CHILDS NAME _____

State law requires Parents/Guardians to sign the following statement (only exception being religious reasons). If you do not sign this statement, basis of your religion, a separate waiver form must be signed.

"I, the parent or guardian of the above named child, gives permission to the physician selected by the Ocean County YMCA to hospitalize, secure proper treatment for the above named child."

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

*** The above statement must be signed for emergency medical care as stated in the Manual for Child Care Centers, page 16, paragraph (b) ***

PERSONAL HISTORY

1. Does your child have any siblings? Please list names and ages
2. Are there any special medical needs, or medication taken on a consistent basis?
3. Are there any personal attributes you would like your child to develop while at school?
4. Please list any other information you think would be helpful for us to get to know your child.

Parent/Guardian and YMCA Agreement

PLEASE READ, INITIAL AND DATE THE POLICIES BELOW

DISCIPLINE POLICY

Initials _____

I will review and reinforce the child conduct and other policies in the Child Care Resource Guide with my child prior to the start of school. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Children not following the conduct policy may be suspended or expelled from the program with no refund.

PHOTOGRAPHY POLICY

Initials _____

I give the Y permission to use any and all photographs taken of my child in after school activities in Y publicity. The Ocean County YMCA values the privacy of its members. No photos or video of any type are to be made of any child or staff person without the consent of the Y Staff. This includes the use of cell phone cameras. As a result, Ocean County YMCA Child Care Programs expressly prohibit cell phone use of non-Y phones.

CHILD CARE POLICY AGREEMENT

In keeping with the New Jersey’s Child Care Licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this information statement. The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center’s obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Hotline 1 877 NJ ABUSE.

Please read this statement carefully and, if you have any questions, feel free to contact us at 732 341 9622.

Initials _____ **Date** _____

Licensing Acknowledgement

I have read and received a copy of the Information to Parents Statement (inside Child Care Resource Guide) prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Initials _____ **Date** _____

Identification Policy I have read and understand the Identification Policy.

Initials _____ **Date** _____

Bullying Policy I have read & received and understand the Bullying Policy.

Initials _____ **Date** _____

Suspension/Expulsion Policy

I have read & received and understand the Suspension/Expulsion Policy.

Initials _____ **Date** _____

Financial Policy All Memberships must be current. All payments, including membership fees, are due the 15th of each month, to be applied to the following month’s child care.

Initials _____ **Date** _____

Inactivations I understand that two weeks written notice is required for inactivations and that an immediate inactivation will incur a two-week fee.

Initials _____ **Date** _____

Child Care Resource Guide I have received my Child Care Guide.

Initials _____ **Date** _____

I have read all of the above information and I am fully aware of all of the terms and principles contained herein.

Parent/Guardian Signature _____ **Date** _____

Member Services Representative _____ **Date** _____