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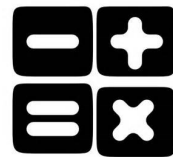
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RaritanValleyYMCA.org

2021-22

**After School & Vacation Camp
OPEN ENROLLMENT**

Healthy Snacks, Enrichment Included
Vacation Camp during School Closings Available
Dismissal until 6:00pm



Licensed, Accredited, Quality Care
Adventurous Center with Indoor/Outdoor Play Space
Social, Academic and Enrichment Activities
Caring, Trained, Dependable Year-Round Staff

CALL OR EMAIL
TO REQUEST A TOUR APPOINTMENT
Preeti Srivastava, Sr. Program Director
PSrivastava@RaritanValleyYMCA.org
732.257.4114



2021-22 School Year Tuition Schedule AFTER SCHOOL ENRICHMENT

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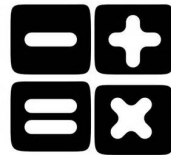
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**Priority Registration is given to returning families until Aug. 25th.
Spaces will be filled in the order they are received.**

**All paperwork must be returned no later than August 25th to start the program on the first week of school, pending space availability.
Two (2) business days' notice is required to begin after the first week of school. Register early.**

**CARE UNTIL 6PM, snacks, and early dismissals included.
Monthly fees are based on 180 days of school and includes early dismissals
\$300/month**

Financial Assistance is available with funds raised through our annual support campaign to those who qualify. You may apply by completing an application for assistance, following all instructions to apply for other opportunities, and submit the required documents with a completed registration packet. At least 2 weeks is required for review and notification of scholarship awards. You may choose to register with required fees due at time of registration until a decision is made. Spaces will not be held without an award letter or payment in full, including deposits and membership fees.



The Y's Afterschool Care Program is for students in Pre-K thru 8th Grade We strive to provide the best experience and make the greatest impact with quality programming.

**All Schools
Drop Off only
3pm-6pm**

VACATION CAMP/CHILD WATCH

**Includes: Care 7:00am-6:00pm and all Activities and Trips
\$70 per day**

**Two Business Days' Notice Required, Pending Availability
See Website for Scheduled Days and Trips**



**Raritan Valley YMCA
After School Care,
Vacation Camp, and
Child Watch
2021-22 Registration**

Child _____ M / F
 Birthdate ___ / ___ / _____ Grade (entering in Fall) ____
 Address _____
 City _____ NJ _____
 School Attending _____
 Enroll Date ___ / ___ / _____ Start Date ___ / ___ / _____

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Choose One:

____ Program Until 6:00pm (including transportation)
 ____ Vacation Camp (must register 48 hours in advance)

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1 _____ Birthdate ___ / ___ / _____
 Primary Phone _____ Alternate Phone _____
 Email _____ Employer _____
 Employer Address _____

Parent/Guardian #2 _____ Birthdate ___ / ___ / _____
 Primary Phone _____ Alternate Phone _____
 Email _____ Employer _____
 Employer Address _____

ALTERNATE PICK-UP AUTHORIZATION CONTACT INFORMATION

Emergency Contact #1 _____ Relationship _____
 Primary Phone _____ Alternate Phone _____

Emergency Contact #2 _____ Relationship _____
 Primary Phone _____ Alternate Phone _____

Who may NOT pick up your child, if any? (Please provide legal documentation if a parent.)

Name _____ Relationship _____
 Reason _____
 Name _____ Relationship _____
 Reason _____

Registrations are not considered active until all forms and fees have been processed

____ School Age Care Registration Form
 ____ Medical Release Form
 ____ Parent / Guardian Agreement Form
 ____ All Registration and Tuition Fees
 ____ Auto-Draft Payment Form (optional)

AS NEEDED FORMS:

____ Alternate Pick-Up Form
 ____ Permission to Medicate Form
 ____ Sign-In/Out Waiver (walking home alone)

REGISTRATION FEE SUMMARY
VACATION CAMP REGISTRATION
REQUIRES Two (2) DAYS' NOTICE

\$ _____ . Annual Membership (thru June)
 \$ _____ . 1 Month Deposit
 \$ _____ . 1st Month Tuition

Sorry-No cash during enrollment period.

Checks to YMCA are processed at registration.

Auto-Draft Forms will charge deposit now and future months on the 1st of each month. We accept: Visa, MC, Discover, Amex, or electronic bank drafts
 \$ _____ . TOTAL DUE at Registration

Staff Reviewing/Accepting Forms _____ Date _____

Staff Processing Registration _____ Date _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____

School Age Care Medical Release Form

Child Name _____ Birth Date ___/___/___

Physician _____ Phone _____

Address _____
Street City State Zip

Insurance Carrier _____ Policy # _____

Chronic Illness / Bloody Nose History? _____

Asthma History? _____ Seizure History? _____

Food Reactions _____ Insect Reactions _____

Medication Allergies _____

Medications Being Taken _____

(The Y does not dispense any medication without a completed Permission to Administer Medication Form provided the medication is in its original container and labeled with the child's full name, doctor, and dosage. All medication dispensing requests must be approved by the Child Care Director.)

Any physical, educational, emotional, medical, or special needs we should be aware of?

This health history is correct as far as I know, and the child herein described has vaccination records on file with the Board of Education, is in good health and has permission to engage in all the normal activities of the School Age Child Care Program OR I exempt my child from vaccinations due to the following reasons: _____ . In the event that

I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the Y, to transport, hospitalize, and secure proper treatment, order x-rays, injections, anesthesia, or surgery, and to release any records necessary for insurance purposes for my child as named above.

Parent/Guardian Signature _____ Date ___/___/___

I agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me or my family on any YMCA premises, or as a result of any YMCA sponsored activities. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries or losses. The undersigned hereby releases, waives, discharges, and covenants not sue the Y, its directors, officers, employees, and agents from any claims for injury, illness, death, loss or damage that may be suffered as a result of participation in these activities. The undersigned acknowledges that a physician should be consulted prior to participating in any physical activity or program.

Parent/Guardian Signature _____ Date ___/___/___



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name _____

School Age Care Parent/Guardian Agreement Form

Please read and retain the Parent Handbook available on our website at www.RaritanValleyYMCA.org under After School / Child Care Handbook. Registration is not complete until completed forms and fees are processed.

I acknowledge the following:

I have received and read the Parent Handbook and I am fully aware of the policies of the Raritan Valley YMCA Child Care programs and any questions have been answered to my satisfaction by the YMCA staff. I also agree to complete additional forms from the website, as necessary, including: Alternate Pick-Up Form and Permission to Administer Medication Form. By signing below, I understand and agree to accept the terms and conditions of the policies in the Parent Handbook (revised July 2021) including:

PLEASE CHECK ALL BOXES

- Information to Parents Statement prepared by the NJ Bureau of Licensing
- Policy on the Release of Children
- Behavior Management, Positive Guidance, Discipline and Expulsion Policy
- Policy on Methods of Parent Communication
- Babysitting Policy
- Health Policy & Communicable Disease Management
- Absences and Tuition Credits Policy
- Technology & Social Media Policy
- YMCA Parent Handbook

Parent/Guardian Signature _____ Date ____/____/____

I understand the following:

- Monthly fees are based on 180 days of school and include early dismissals.
- I must give 30 days' notice, in writing, prior to the first (1st) of the month I want to cancel.
- Deposits will be applied to the last month once 30 days' notice has been received, in writing.
- Membership Fees are non-refundable/transferable.
- I must communicate any changes in contact information, emergency contacts, or medical needs, in writing.
- It is my responsibility to communicate my child's absence to the Y **by noon each day.**
- I will request a Permission to Administer Medication and follow all guidelines, if needed.
- My child needs to complete homework in the provided time or do so at home. Assistance will be provided.
- The Y provides one serving size snack each day and I may send additional snacks in his/her backpack.
- The Y is not responsible for any lost or stolen personal belongings and I should label all belongings.
- A late pick-up fee of \$15 for each 15-minute interval is charged after your pre-arranged pick up time.
- It is my responsibility to communicate my child's participation in the Y's program to his/her school to ensure my child is placed in the appropriate bus line.

Parent/Guardian Signature _____ Date ____/____/____

I give the Y permission for the following:

- To transport my child from school to the Y every day.
- To have my child to participate in walking trips within the center's neighborhood.
- To transport my child on occasional trips, with advance communication.
- To use any media footage of my child for publicity purposes. (Cross off if not authorized.)

Parent/Guardian Signature _____ Date ____/____/____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LATE PICK-UP FEE POLICY

The YMCA Childcare Program ends promptly at 6:00pm. We understand that emergencies occur. We kindly ask you to consider your child's well-being and our staff's responsibilities outside of the YMCA. Their time is also valuable and they may have other obligations.

Please call the center if you anticipate being late on any given day. Calling does not waive the late fees but does allow the YMCA to make arrangements for supervision of the child until the parent /guardian arrives. We also ask that you contact your alternate authorized contacts to arrange to pick-up your child timely to avoid late fees.

Parents/guardians must pay a considerable late fee if the child is picked up after the program ends. A fee of \$15.00 for up to every fifteen (15) minutes is charged and payable before you sign your child in again.

(Examples 6:01-6:15pm=\$15.00, 6:16 – 6:30=\$30.00, 6:31-6:45pm=\$45.00 etc.)

AFTER 3 LATE PICK UPS, YOUR CHILD MAY BE SUSPENDED FROM THE PROGRAM.

If the parents or persons authorized by parents fail to pick-up a child at the time of the center's daily closing, the procedure shall require:

- The child is supervised at all times.
- Staff attempt to contact the parents or persons authorized by the parents.
- An hour or more after closing time, provided that other arrangements for releasing the child to his/her parents or additional authorized contacts have failed, and staff cannot continue to supervise the child at the center, staff shall call the Division's 24-hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until the parents/authorized contact is able to pick up the child.

Parent/Guardian Signature _____ Date ____/____/____

SUNSCREEN POLICY

The child care participants spend a great deal of time in the outdoors and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds and bodies, we have made the following policies in this regard:

- It is suggested that all children and staff wear sunscreen with an SPF of at least 15 on all exposed skin.
- Parents or legal guardian will be responsible for applying the first layer of sunscreen prior to drop off.
- Parents or legal guardians will be responsible for providing the children with enough sunscreen (in a sealed container) to take with them for later applications. One container per child, please.
- Child care staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after 2 hours of activity in the sun (due to perspiration), and/or any other time that it is needed. Please note, this will mean your child will have the sunscreen applied for them by the child care staff. Please explain this to your child before attending.

●For children who have fair skin, freckles, or numerous moles, have blonde, red or light brown hair; have blue, green, or gray eyes; tend to burn easily and tan little or not at all; and have a family history of skin cancer, we recommend an extra t-shirt and hat be brought to wear in the water for extra protection.

I understand the Y reserves the right to disallow anyone to participate in the child care program at any time for failure to comply with this policy. Please note that these decisions were made to protect your child. Furthermore, our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.

Parent/Guardian Signature _____ Date ____/____/____