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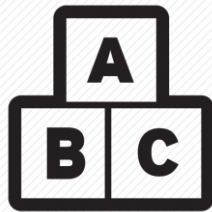
RaritanValleyYMCA.org

2021-22

Early Childhood Learning Center
OPEN ENROLLMENT

6 Weeks Old—Entering Kindergarten
Open Year-Round 7:00am until 6:00pm

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Licensed, Accredited, Quality Care
Adventurous Center with Indoor/Outdoor Play Space
Discover Year-Round Enrichment Activities
Open for Older Siblings Most School Closure Days
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



Enrollment for the Early Childhood Learning Center is ongoing, pending availability. Two (2) business days' notice is required to review and process completed registration paperwork. Please register early to ensure we can prepare for your child's safe arrival.

2021-22 Weekly Tuition

Early Childhood Learning registration requires **2 weeks' security deposit** at time of registration. Deposits are credited towards the last two weeks of the school year and are re-applied, when two weeks' written notification of departure from the program is provided, towards those two weeks

Full Day Program (7:00am-6:00pm) Cost/Week

	<u>3 Days/Wk</u>	<u>4 Days/Wk</u>	<u>5 Days/Wk</u>
Toddlers 18-30mths (Sept-Aug)	\$237	\$259	\$294
Preschool 2.5-5yrs (Sept-Aug)	\$183	\$219	\$248
Infants 6 wks-18mths (Sept-Aug)	\$237	\$259	\$294

Half Day Program

	<u>3 Days/Wk</u>	<u>5 Days/Wk</u>
Preschool 2.5-5yrs (Sept-Aug., 9:30-12:30)	\$130	\$183

No make-up dates can be arranged for any missed prescheduled program days.

Financial Assistance is available with funds raised through our annual campaign efforts to those who qualify. You may apply by 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. Please apply early or choose to register with fees dues 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.

Additional Fees

YMCA Program Membership is required for all program registrations. Facility Memberships are awarded at no cost to two adult parents/guardians of Full Day (5 days only) program participants to support healthy family living.

Parents may choose to add enrichment classes such as swim lessons, youth sports and/or creative arts enrichment programs available evenings and week-ends. Class trips, school year photos, child-focused events, and occasional fundraisers may charge a nominal fee.

Vacation/Snow Day Camp is available 7:00am-6:00pm for older siblings on most school closure days. Pre-registration is required, pending availability. More details can be found on our website, including trip and activity details.



Raritan Valley YMCA Early Childhood Learning 2021-22 Registration

Child _____ M / F
 Birthdate ____ / ____ / ____ Age ____
 Address _____
 City _____ NJ Zip Code _____
 Enroll Date ____ / ____ / ____ Start Date ____ / ____ / ____

Choose One:

- Full Day Infant (5, 4, or 3 Days)
- Full Day Toddler (5, 4, or 3 Days)
- Full Day Preschool (5, 4, or 3 Days)
- Half Day Preschool (5 or 3 Days)

Circle Days Registering: Mon Tue Wed Thu Fri
 Days are permanent unless schedule change request

Parent Contact Information

Email is our primary method of communicating. However, invoices are ONLY sent to the primary contact.]

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 _____

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

- Early Childhood Registration Form
- Personal History for Caretakers
- Medical Release Form
- Parent/ Guardian Agreement Form
- Late Pick up and Sunscreen Policies
- Universal Health Record
- All Registration and Tuition Fee
- Auto-Draft Payment Form (Optional)

As Needed

- Alternate Pick-Up Form
- Permission to Medicate Form

REGISTRATION FEE SUMMARY

\$ _____ Annual Membership dues thru 6/30/2022
 \$ _____ 2 Weeks Deposit
 \$ _____ 1st Week Tuition (If no Auto-Draft)

Sorry- No cash during enrollment period

Checks to YMCA are processed at registration.

Auto-Draft Forms will charge deposit now and future weeks on Mondays. We accept: Visa, MC, Discover, Amex, or electronic bank drafts.

\$ _____ TOTAL DUE at registration

Staff Reviewing/Accepting Forms _____ Date _____

Staff Processing Registration/ Auto Draft _____ Date _____

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FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Personal History for Early Childhood Caretakers

Child Name _____ Birth Date ____ / ____ / ____

Name/Ages of Siblings: _____

What is the primary language spoken at home? _____

Is this your child's first educational experience? _____

What are your child's favorite activities to help calm/sooth or redirect behavior, where necessary?

What upsets or frightens your child? _____

What form of discipline does your child best respond to? _____

Please describe your child's current sleeping schedule: _____

Are you breast feeding your child? _____ Is your child using a bottle/cup? _____

Is your child eating baby or table food? _____

Please list all foods your child is currently eating or should be encouraged to try.

Are there any dietary restrictions for your child?

Please describe eating times and amount per feeding? _____

Where does your child spend their awake time (if infants)? _____

Please describe your child's bowel and urination movements / timeliness. _____

Does your child require diaper changes? _____ If so, please describe any needs or suggestions to ensure a healthy and happy experience. _____

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



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Early Childhood Learning 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.)

This health history is correct as far as I know and my child is in good health and has permission to engage in all the normal activities of the Early Childhood Learning Center. **I understand I must also complete a Universal Health Record with a doctor's signature to participate in this program.**

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 ____/____/____

Child's Name _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Early Childhood Learning Parent/Guardian Agreement Form

Please read and retain the Parent Handbook available on our website at www.RaritanValleyYMCA.org under Child Care > Child Care Handbook. Registration is not complete until all 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:

- Enrollment and fees are based on our school calendar year Infants (Sept-Aug), Toddler/Pre-K (Sept-June)
- I must give 2 weeks' notice, in writing, to cancel my child's enrollment and to apply deposits appropriately.
- Deposits will be applied to the last two weeks once notice of cancellation 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 absences due to any potential communicable disease/illness.
- I will request a Permission to Administer Medication and follow all guidelines, if needed.
- I must provide all snacks, meals, and utensils to be brought home and sanitized each day.
- 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.

Parent/Guardian Signature _____ Date ____/____/____

I give the Y permission for the following:

- 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 ____/____/____



Child's Name _____

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.
- We recommend an extra t-shirt and hat be brought to wear 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 ____/____/____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING RARITAN VALLEY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Raritan Valley YMCA facilities, services, equipment and premises (“Facilities”) and any participation in Raritan Valley YMCA programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Raritan Valley YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)