



**Sussex YMCA**  
**Hardyston Elementary**  
 Before & After School Program  
 Registration Form  
**2013-2014 School Year**

**Please return this completed form to the Sussex YMCA to register for the School Age Child Care Program for the 2013-2014 school year.**

**School:** **Hardyston Elementary**

**Child:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** M F

**Grade as of 9/1/13:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Before Care:** Mon Tues Wed Thurs Fri

**After Care:** Mon Tues Wed Thurs Fri

Please circle days needed (2-day minimum per program)

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

<b>PARENT/ GUARDIAN #2</b>	
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

<b>Allergies / Medications:</b>	<b>Who may NOT pick up your child?</b> Please provide supporting documentation.
	Name: _____
	Name: _____

<b>Special Needs:</b>	<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 _____
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For additional information, including fill-in enabled forms, please go to our website:  
[www.sussexcountyyymca.org](http://www.sussexcountyyymca.org)

# Sussex County YMCA

## Hardyston Elementary School

Monthly Tuition Schedule: 2013-2014 School Year

	Before Care	After Care	Both
<b>5 Days/week**</b>	<b>\$165</b>	<b>\$250</b>	<b>\$400</b>
4 Days/week	\$130	\$205	\$330
3 Days/week	\$110	\$168	\$278
2 Days/week	\$85	\$125	\$225

**\*\*Vacation Care is included with the 5-day program!**

**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 Before/After School program. All F/A applications must be received in our office by **July 15th**. Applications are available at our website: **www.sussexcountymca.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. Parents intending to have their child attend the program on the first day of school must hand in ALL registration paperwork by August 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

\$ _____	<b>Annual Program Membership Fee</b> \$80 Youth                      \$150 Family
\$ _____	<b>Registration Fee: \$35</b> Waived if registering before 6/30/2013
\$ _____	<b>First Month's tuition</b> (less 10% sibling discount if applicable)
\$ _____	<b>Security Deposit:</b> equal to one month's tuition (less 10% sibling discount if applicable)
\$ _____	<b>TOTAL DUE</b> 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



SUSSEX COUNTY YMCA SCHOOL AGE CHILD CARE  
MEDICAL RELEASE FORM

Child's School \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town/City State Zip

Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Hospital: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

**Child Information:**

List any current allergies: \_\_\_\_\_

Food reactions/ restrictions: \_\_\_\_\_

Medications being taken (prescription and over the counter): \_\_\_\_\_

Reasons for medications: \_\_\_\_\_

The School Age Child Care Program does not dispense medication without written documentation from a doctor and the approval of the Director. Please complete the **Permission to Give Medication Form**.

Please share any special physical, educational (including IEP or 504) or emotional concerns or past medical treatments so that we can ensure our staff provide a suitable environment for your child

**Parent's Authorization:**

The 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 Before/After Care Program.

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

\_\_\_\_\_  
Parent/Guardian Signature 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 West Essex 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

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

\_\_\_\_\_  
Date

**Send completed paperwork to:**

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



**WEST ESSEX 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: \_\_\_\_\_ Allergies \_\_\_\_\_  
*Include food and/or medication allergies*

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.**

I usually do the following to make giving medication to my child easier: \_\_\_\_\_

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*