



**eliminating racism  
empowering women**  
**ywca**  
bergen county  
"y the w makes a difference"

YWCA School Age Programs  
2 University Plaza – Suite 208  
Hackensack, NJ 07601  
201- 881-1700

2010-2011

Dear Parents and Families:

Welcome to the YWCA's Before and After School Program.

The YWCA of Bergen County has provided School Age Child Care (SACC) for families in Bergen County for over 30 years and is proud to be celebrating our 90<sup>th</sup> anniversary.

We offer Before School care beginning from 7:30am until the first bell of school, as well as After School program care from 3:00 to 6:00 pm.

Please take time to carefully review and read the following application. Enrollment is based on a first come, first served basis and incomplete applications will delay processing. To register please complete the application and be sure to enclose required fees: membership, registration, and 1<sup>st</sup> month's tuition. Applications received after August 13, 2010 are subject to program availability and a \$50.00 late fee.

Completed applications with fees can be mailed to the following address:

YWCA of Bergen County SAP  
2 University Plaza, Suite 208  
Hackensack, NJ 07601

The Parent Handbook outlining all of our policies and procedures can be found on our website [www.ywcabergencounty.org](http://www.ywcabergencounty.org) Please feel free to reference it at any point throughout the year.

Should you have questions or concerns, please feel free to contact Robyn Knapp, Assistant Director (201) 881-1727 or Maire Brosnan-Katavolos, Director (201) 881-1726.

Sincerely,

Maire Brosnan-Katavolos  
Director School Age Programs

ywca before and afterschool program  
Dumont registration form 2010-11

new child  returning child

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Name of Afterschool Site  Lincoln  Grant  Honiss  Selzer Grade 2010-11 \_\_\_\_\_ Start Date \_\_\_\_\_

Before School Program 7:30 – first bell  Full Time  "10 Coupon" Book \*restrictions apply

After School Program 3:00 – 6:00pm  Mon  Tues  Wed  Thur  Fri

**family information / communication**

Mother / Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Do parents live together? \_\_\_\_\_ If no, with whom does the child reside? \_\_\_\_\_

If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. Are there restrictions on pickups or visitation?  no  yes – court order attached

**Emergency information / release to pick up children (other than parents)**

If I am unable to pickup or be reached regarding important matters pertaining to my child, I authorize these people to pickup my child or answer questions

Name \_\_\_\_\_ Relationship \_\_\_\_\_  ok to pick-up  emergency info

Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  ok to pick-up  emergency info

Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Date of last Physical Exam: \_\_\_\_\_ Any Medical Issues/ Allergies?  No  Yes, describe

**If your child has allergies requiring medical treatment – you must send a care plan from your doctor.**

Any Learning / Behavioral issues?  No  Yes, describe \_\_\_\_\_

**You must include copy of latest IEP**

**YES**, I have access to a copy of the parent handbook, which includes the Management of Communicable Diseases, Expulsion / Discipline Policy, Release of Children Policy, Medication Policy, and the **Information to Parents from the Bureau of Licensing in the Division of Family and Youth Services (DYFS)** (always available on online at [www.ywcabergencounty.org](http://www.ywcabergencounty.org) ). I understand it is my responsibility to read all the policies and I have read this entire application and I agree to abide by all terms and regulations.

**YES**, the child named on this contract is in good health and is able to fully participate in all activities offered at the YWCA program. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and emergency room care.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

ywca before and afterschool program  
payment information 2010-11

Child's Name \_\_\_\_\_ After School Site \_\_\_\_\_

Fee Calculations

<input type="checkbox"/> ywca membership	\$50.00	1 per family must be valid through 10/10
<input type="checkbox"/> before school registration fee	\$30.00	per application
<input type="checkbox"/> before school monthly tuition	\$125.00 /\$118.75 each additional child	Program hours 7:30-first bell
<input type="checkbox"/> 10 visit bsp coupon book	\$150.00	Limit 2 per school year – non refundable- non transferable
<input type="checkbox"/> after school registration fee	\$60.00	per application
<input type="checkbox"/> monthly asp tuition 5 days a week	\$260.00 /\$247.00 each additional child	Program hours 3:00-6:00
<input type="checkbox"/> monthly asp tuition 4 days a week	\$235.00 /\$223.25 each additional child	Mon Tues Wed Thur Fri
<input type="checkbox"/> monthly asp tuition 3 days a week	\$190.00 /\$180.50 each additional child	Mon Tues Wed Thur Fri
<input type="checkbox"/> monthly asp tuition 2 days a week	\$175.00 /\$166.25 each additional child	Mon Tues Wed Thur Fri
<b>Total Enclosed</b>		

**Applications received after August 13 is subject to availability and a late fee of \$50.00.**

Method of Payment each Month:

You will **not** receive a monthly bill – **your cancelled check or credit card statement will serves as your receipt.** If you require a completed reimbursement form, you must enclose a self-addressed, stamped envelope with your payment. Payments are due by the first of the month and may be paid as follows:

**Check** – payments can be mailed to the YWCA School Age Program -2 University Plaza – Suite 208, Hackensack, NJ 07601.

**Credit Card**

**AUTHORIZATION FOR MONTHLY BILLING**

Type of Card:            Mastercard            Visa            American Express

Name as it appears on card \_\_\_\_\_

Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

*I hereby authorize the YWCA Bergen County School Age Program to charge my credit card for my child's tuition on the first business day of each month, from September 2010 to May 2011.*

**First month's payment must be made by check.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**1st Payment- paid at registration**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
One time credit card payments must be called into the office 201 -881-1730

**2nd Payment- due by 9/1/10**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
One time credit card payments must be called into the office 201 -881-1730

**3rd Payment- due by 10/1/10**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
One time credit card payments must be called into the office 201 -881-1730

**4th Payment- due by 11/1/10**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
Credit card payments must be called into the office 201 -881-1730

**5th Payment- due by 12/1/10**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
Credit card payments must be called into the office 201 -881-1730

**6th Payment- due by 1/1/11**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
Credit card payments must be called into the office 201 -881-1730

**7th Payment- due by 2/1/11**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
Credit card payments must be called into the office 201 -881-1730

**8th Payment- due by 3/1/11**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
Credit card payments must be called into the office 201 -881-1730

**9th Payment- due by 4/1/11**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
Credit card payments must be called into the office 201 -881-1730

**10th Payment- due by 5/1/11**

Child's name: \_\_\_\_\_  
Before School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
After School Site: \_\_\_\_\_ Payment amount \$ \_\_\_\_\_  
Check : # \_\_\_\_\_  
Credit card payments must be called into the office 201 -881-1730

Thank you for handing in your registration for the 2010-11 school year.  
You will not receive a monthly bill. Payments are due by the first of the month and may be paid by check or credit card. Payments can be mailed to the YWCA School Age Program, 2 University Plaza – Suite 208, Hackensack, NJ 07601.

**If you have any questions, contact the Billing Coordinator, School Age Program at 201 881-1730**