



**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 90th 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 7:00 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 1st 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. 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
Oradell registration form 2010-11**

new child returning child

Child's Name _____ **Date of Birth** _____ **Age** _____ Male Female

Address _____

Name of After School Site Oradell Public School **Grade 2010-11** _____ **Start Date** _____

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

After Kindergarten Program 12:00 – 3:00pm Mon Tues Wed Thur Fri

After School Program 3:00 – 7:00pm 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.ywcabergen.com). 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 additional child	program hours: 7:30 to 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/ after kindergarten registration fee	\$60.00	per application
<input type="checkbox"/> after kindergarten tuition 2 days a week (12:00 to 3:00)	\$210.00	Mon Tues Wed Thur Fri
<input type="checkbox"/> monthly asp tuition 5 days a week	\$315.00 /\$299.25 additional children	program hours: 3:00 to 7:00
<input type="checkbox"/> monthly asp tuition 4 days a week	\$290.00 /\$275.50 additional children	Mon Tues Wed Thur Fri
<input type="checkbox"/> monthly asp tuition 3 days a week	\$230.00 /\$218.50 additional children	Mon Tues Wed Thur Fri
<input type="checkbox"/> monthly asp tuition 2 days a week	\$175.00 /\$166.25 additional children	Mon Tues Wed Thur Fri
Total Enclosed		

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.