



YWCA School Age Programs
112 Oak Street
Ridgewood, NJ 07450
201- 444-5600

2011-2012

Dear Parents and Families:

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

The YWCA Bergen County has provided School Age Child Care (SACC) for families in Bergen County for over 30 years.

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. For children enrolling mid month or during the school year – we do not prorate tuition.

Please mail or scan and email your application to the address below:

YWCA Bergen County SAP
112 Oak Street
Ridgewood, NJ 07450
magnello@ywcabergencounty.org

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 our administrative offices 201-444-5600 ext 312 or ext 352.

Sincerely,

Robyn Knapp

Robyn Knapp
Sr. Director School Age Programs

ywca before and afterschool program
Cresskill registration form 2011-12

new child returning child

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

Address _____

Name of Afterschool Site Bryan Merritt **Grade 2011-12** _____ **Start Date** _____

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

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 _____

A copy of latest IEP would be appreciated

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). 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 2011-12

Child's Name _____ After School Site _____

Fee Calculations

<input type="checkbox"/> ywca membership	\$50.00	1 per family must be valid through 10/11
<input type="checkbox"/> before school registration fee	\$30.00	per application
<input type="checkbox"/> before school monthly tuition	\$130.00 - \$123.50 additional children	program hours: 7:30 to first bell
<input type="checkbox"/> 10 visit bsp coupon book	\$150.00 – per child	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	\$330.00 - \$315.00 additional children	program hours: 3:00 to 7:00
<input type="checkbox"/> monthly asp tuition 4 days a week	\$305.00 - \$290.00 additional children	Mon Tues Wed Thur Fri
<input type="checkbox"/> monthly asp tuition 3 days a week	\$242.00 - \$230.00 additional children	Mon Tues Wed Thur Fri
<input type="checkbox"/> monthly asp tuition 2 days a week	\$185.00 - \$176.00 additional children	Mon Tues Wed Thur Fri
Total Enclosed		

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, 112 Oak Street, Ridgewood, NJ 07450.

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 2011 to May 2012.

First month's payment must be made by check.

Signature: _____ Date: _____

ywca photo release form

This form indicates whether you do/do not give the YWCA Bergen County permission to use your or your child's photograph for public relations and/or marketing purposes*.

Yes, you have permission to use my or my child's photo for the following:

(Please check all appropriate boxes below)

- Flyers & Brochures
- Website
- Internal Displays
- Newsletters/Annual Report
- Newspaper Advertising
- Community Events/Displays

No, you do not have my permission.

Date: _____ Parent's Name: _____

Child's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Email: _____

Signature: _____

Camp: _____

*Your consent gives the YWCA Bergen County permission to use any photo for two years from the above date.

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201-444-5600
www.ywcabergencounty.org



1st Payment- paid at registration

2nd Payment- due by 9/1/11

Child's name: _____

Before School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

Check : # _____

Credit card payments must be called into the office 201-444-5600 ext 344

3rd Payment- due by 10/1/11

4th Payment- due by 11/1/11

Child's name: _____

Child's name: _____

Before School Site: _____ Payment amount \$ _____

Before School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

Check : # _____

Check : # _____

Credit card payments must be called into the office 201-444-5600 ext 344

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5th Payment- due by 12/1/11

6th Payment- due by 1/1/12

Child's name: _____

Child's name: _____

Before School Site: _____ Payment amount \$ _____

Before School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

Check : # _____

Check : # _____

Credit card payments must be called into the office 201-444-5600 ext 344

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7th Payment- due by 2/1/12

8th Payment- due by 3/1/12

Child's name: _____

Child's name: _____

Before School Site: _____ Payment amount \$ _____

Before School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

Check : # _____

Check : # _____

Credit card payments must be called into the office 201-444-5600 ext 344

Credit card payments must be called into the office 201-444-5600 ext 344

9th Payment- due by 4/1/12

10th Payment- due by 5/1/12

Child's name: _____

Child's name: _____

Before School Site: _____ Payment amount \$ _____

Before School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

After School Site: _____ Payment amount \$ _____

Check : # _____

Check : # _____

Credit card payments must be called into the office 201-444-5600 ext 344

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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. Mail payments to: YWCA School Age Program, 112 Oak Street, Ridgewood, NJ 07450.

If you have any questions, contact the Billing Coordinator, School Age Program at 201-444-5600 ext 344.