

2016-2017

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 40 years. In order to guarantee your child's spot for the upcoming school year, please register now.

We offer Before School care beginning from 7:15am until the first bell of school, as well as After School program care from 3:00pm to 7:00pm.

This packet will allow you to register for the next school year. 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 – the tuition will not be prorated.

A \$50.00 late fee will be applied for each application received August 15th through August 29th and will guarantee a start date for the first day of school. All applications received after August 29th will result in a start date of September 12th in order to make time for necessary processing with each school.

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

YWCA Bergen County YS-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 Mary Agnello, Program Assistant at 201-444-5600 ext. 352.

Sincerely,

Brian Scanlon
Brian Scanlon
Manager School Age Programs
112 Oak Street
Ridgewood, NJ 07450
201-444-5600 ext. 381

YWCA Before and Afterschool Program Ridgewood registration form 2016-17

New child Returning child

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

Address _____

Name of Before/Afterschool Site Somerville Orchard Willard Ridge Hawes Travell

Grade Level 2016-17 _____ Start Date _____

Before School Program 7:15am – first bell Full Time "10 Coupon" Book *restrictions apply

After School Program 3:00pm – 7:00pm Mon Tues Wed Thurs Fri

family information / communication

Parent/Guardian Name _____ Date of Birth _____ Male Female

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Email Address _____

Parent/Guardian Name _____ Date of Birth _____ Male Female

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 pick-ups 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 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/Guardian Signature _____

Date _____

YWCA Before and Afterschool Program Payment information 2016-17

Child's Name _____ Before/After School Site _____

Fee Calculations

<input type="checkbox"/> ywca membership	\$50.00	1 per child must be valid through June 2017
<input type="checkbox"/> before school registration fee	\$35.00	per application
<input type="checkbox"/> before school monthly tuition	\$170.00 - \$162.00 additional children	program hours: 7:15am to first bell
<input type="checkbox"/> 10 visit bsp coupon book	\$180.00 per child	Limit 2 per school year non-refundable - non transferable
<input type="checkbox"/> after school registration fee	\$65.00	per application
<input type="checkbox"/> monthly asp tuition 5 days a week	\$380.00 - \$361.00 additional children	program hours: 3:00pm to 7:00pm
<input type="checkbox"/> monthly asp tuition 4 days a week	\$355.00 - \$337.25 additional children	Mon Tues Wed Thurs Fri
<input type="checkbox"/> monthly asp tuition 3 days a week	\$285.00 - \$270.75 additional children	Mon Tues Wed Thurs Fri
<input type="checkbox"/> monthly asp tuition 2 days a week	\$230.00 - \$218.50 additional children	Mon Tues Wed Thurs Fri
Late Fee – if Applicable	\$50.00 per child	
Total Enclosed		

Method of Payment each Month:

You will **not** receive a monthly bill – **your cancelled check or credit card statement will serve 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 Youth Services School Age Program, 112 Oak Street, Ridgewood, NJ 07450.
- Electronic Fund Transfer (EFT)** – Voided Check must be provided.
- Credit Card**

AUTHORIZATION FOR MONTHLY BILLING

Type of Card: MasterCard Visa American Express Discover

Name as it appears on card: _____

Billing address for this card: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

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 2016 to May 2017.

Signature: _____ Date: _____

YWCA Photo/Video Release Form

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

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

(Please check all appropriate boxes below)

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

No, you do not have my permission.

Date: _____

Adult/Parent Name: _____

Child's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Signature: _____

Site: _____ Camp: _____ Program: _____

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

YWCA Bergen County
112 Oak Street
Ridgewood, NJ 07450
201-444-5600

YWCA Bergen County
214 State St., Suite 207
Hackensack, NJ 07601
201-881-1700

eliminating racism
empowering women
ywca
Bergen County

www.ywcabergencounty.org

1st Payment- paid at registration

2nd Payment- due by 9/1/16

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. 400

3rd Payment- due by 10/1/16

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. 400

4th Payment- due by 11/1/16

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. 400

5th Payment- due by 12/1/16

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. 400

6th Payment- due by 1/1/17

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. 400

7th Payment- due by 2/1/17

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. 400

8th Payment- due by 3/1/17

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. 400

9th Payment- due by 4/1/17

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. 400

10th Payment- due by 5/1/17

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. 400

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 Youth Services School Age Program, 112 Oak Street, Ridgewood, NJ 07450.

If you have any billing questions, contact the membership office at 201-444-5600 ext. 400.

RELEASE, HOLD HARMLESS AND WAIVER AGREEMENT

You should not sign this Agreement unless and until you are satisfied you have had adequate time to read it and you understand it. You acknowledge there are alternatives to the activities and programs offered by YWCA Bergen County.

The activities taking place at the YWCA Bergen County or during YWCA Bergen County programs can be strenuous and inherently dangerous and participation in the activities, on or off premises or on premises used by YWCA Bergen County, can result in serious injury or in exposure to illnesses and diseases borne by others. The YWCA Bergen County urges you to obtain a physical examination from a doctor before using any facilities or equipment or participating in any program. You agree that if, on or off YWCA Bergen County premises or premises used by YWCA Bergen County, you engage in any physical exercise or activity, use any YWCA Bergen County equipment or facilities, or participate in any YWCA Bergen County program, you do so entirely at your own risk. You agree you are voluntarily participating in the YWCA Bergen County activities and programs and the use its facilities, equipment, premises and premises used by it, and you assume all risks of injury, illness or death.

This waiver and release of liability includes, without limitation, all injuries, death and illnesses which may occur as a result of: (a) your use of all amenities, facilities and equipment in, on or off YWCA Bergen County premises or premises used by YWCA Bergen County, including, without limitation, adjacent sidewalks and parking areas,(b) the sudden and unforeseen malfunctioning or contamination of any facility or equipment, and/or (c) YWCA Bergen County instruction, training, supervision or maintenance or the absence of instruction, training, supervision or maintenance.

You expressly agree to release and hold harmless YWCA Bergen County and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. You further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Bergen County or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

By signing below, you acknowledge you have carefully read, fully understand and accepted this release, hold harmless and waiver. If any portion of this release, waiver and hold harmless is deemed by a court of competent jurisdiction to be invalid or overbroad, then the remainder will remain in full force and effect and be construed in the broadest manner permitted by law. This release, waiver and hold harmless cannot be modified orally.

Print Parent's Name: _____

Parent's Signature: _____

Date: _____

Child's Name: _____