

VACATION DAY PROGRAM REGISTRATION FORM

On the dates listed below, the YWCA SAP will run a full day program from 7:30am-6:30pm during the school vacation. The program will consist of a field trip and organized recreation activities and is open to children from all YWCA before and after school programs, as well as children not currently enrolled in our programs. It is staffed by YWCA employees from a variety of before and after school sites. **Children must arrive to the YWCA by 8:30am.**

**The program is held at the Bethany Community Center
605 Pascack Road
Township of Washington, NJ 07676**

Advanced registration, is required and all fees must be paid by check/credit card. No refunds are available for cancellation for any reason. **Your account must be in good standing to register for the vacation day program. Any family with past due balances will not be permitted to register for the vacation day programs.**

**ALL FORMS ARE DUE BACK TO Mary Agnello at magnello@ywcabergencounty.org
By Friday, November 2, 2018 by 12 (noon)**

Any form not received by the above deadline cannot be guaranteed and will be charged a late fee of \$25

<p style="text-align: center;"><u>Thursday, November 8</u> Liberty Science Center Liberty State Park 222 Jersey City Blvd., Jersey City</p> <p style="text-align: center;">Time at facility: 10:00am – 3:00pm Includes: Transportation, admission, lmax and use of the Museum</p> <p style="text-align: center;">*Children should bring bag lunch **Children may bring extra money for snacks or souvenirs</p> <p style="text-align: center;">Afternoon activities include games, crafts and snack at the Bethany Community Center</p>	<p style="text-align: center;"><u>Friday, November 9</u> Rizzo's Wildlife World comes to Bethany 605 Pascack Road Township of Washington</p> <p style="text-align: center;">Time at facility: 10:30am - 12:30pm</p> <p style="text-align: center;">Includes: Reptile presentation, pizza lunch and snacks.</p> <p style="text-align: center;">Afternoon activities include fun, games and STEM at the Bethany Community Center</p>
--	---

Before/After School Site: _____

I give permission for my child _____ to attend the YWCA vacation day field trip and understand my child will be transported by the YWCA to and from each activity. Child date of birth____/____/_____

My child has an allergy to _____. **Parents must supply an Epi-Pen or required allergy medications.**

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

Parent Signature: _____ **Date:** _____

- Thursday - November 8, 2018 - Liberty Science Center \$80.00
 - Friday - November 9, 2018 - Rizzo's Wildlife World \$80.00
 - LATE FEE (if applicable) - \$25.00
- Total Fees enclosed: \$ _____ (Credit card info below)

CREDIT CARD AUTHORIZATION Visa Master Card Discover American Express Check

Name as it appears on card: _____

Billing Address for this card: _____

Amount to charge: \$ _____

Card number: _____ Expiration date: _____ Security Code: _____

I hereby authorize the YWCA of Bergen County School Age Program to charge my credit card.

Check Number: _____

Signature: _____ Date: _____

**ywca vacation day program
registration form 2018-19**

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

Address _____

Name of School _____ **Grade 2018-19** _____

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 pick-ups or visitation? no yes – court order attached

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

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up 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 read, understand and 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, the **Information to Parents from the Bureau of Licensing in the Division of Child Protection and Permanency, (DCP&P)**, and the social media policy (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.

Parent/Guardian Signature _____ **Date** _____

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 give permission for any YWCA personnel selected by the program to secure and administer medication in accordance with the medical action plan provided by a licensed medical personnel member. I also give permission for designated staff to provide any needed care including any resuscitation efforts and emergency room care.

Parent/Guardian 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 communications, marketing, and/or public relations purposes.

Yes, you have permission to use **my / my child's photo/video** in YWCA Bergen County's communications. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

Date: _____

Your Name: _____

Child's Name (if signing for a minor): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Email: _____

Signature: _____

Site: _____ Camp: _____ Program: _____

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

**eliminating racism
empowering women**
ywca
Bergen County